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**SOUTH CAROLINA
DEPARTMENT OF
MENTAL HEALTH**

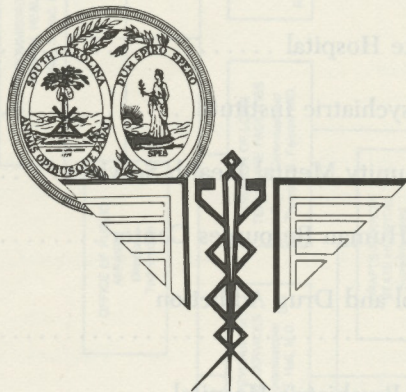
**ANNUAL REPORT
1976-77**



Printed Under the Direction of the
State Budget and Control Board

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT 1976-77



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S. C. MENTAL HEALTH COMMISSION

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Deputy Commissioner Raymond E. Ackerman, M.D.
Community Mental Health Services

Deputy Commissioner Alexander G. Donald, M.D.
Education and Research

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Program Development Services

Superintendent Karl V. Doskocil, M.D.
South Carolina State Hospital

Administrator Larry D. Leslie
South Carolina State Hospital

Superintendent Thomas G. Faison, M.D.
Crafts-Farrow State Hospital

Administrator Claude C. Connelley
Crafts-Farrow State Hospital

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William S. Hall Psychiatric Institute

Administrator Forest P. Newman
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Administrator William C. Luehrs
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Bryan Psychiatric Hospital

Administrator Grady B. Wingard
Bryan Psychiatric Hospital

This Annual Report is an official publication of the South Carolina Department of Mental Health, William S. Hall, M.D., State Commissioner of Mental Health.

Ted Shelton *Director of Public Affairs*
Chief of Information

Susan Craft *Editor*
Public Information Specialist

LIST OF PUBLICATIONS

1. Annual Report (annually, on fiscal year basis)
2. *The Report*, monthly employee newsletter
3. *Psychiatric Forum*, professional journal published quarterly by the William S. Hall Psychiatric Institute
4. *D² — Data and Dialogue*, Community Mental Health Services monthly employee newsletter
5. *Fact Sheet* — informational brochure

THE COMMISSIONER COMMENTS

It is not easy to begin remarks where there is no sensational beginning — instead we have a repetition of plans, goals, hopes, promises and maybe somewhere along the way — a little progress.

I do not plan to take a facility by facility or division by division overview. I would rather talk in very general terms today.

Much is changing in our form of state government — and this in turn — will necessitate changes within our Department, within our facilities and within our divisions. Hopefully, some changes will be for the best — but we can also expect some modifications of procedures which will not be to our liking.

Everyone in the State — by now I am sure — is well aware of the struggle for control of Title XX funds which is an ongoing situation involving the Chief Executive's Office and the General Assembly.

State agencies are being brought into the periphery and the center of this controversy as a result of a report by the Legislative Audit Council which makes a strong case for all funding — federal, state and all other funds to be totally in the hands of the General Assembly.

Of course, this could affect us in many ways. On the one hand we are urged to be alert to and seek federal funds in whatever areas are open to us. On the other hand, there have been comments which seem to be critical of us — and other state agencies — who actively pursue and receive federal funds for programs.

Coupled with this is the new procedure for determining the Department's appropriation for the operation of the fiscal year. In the past we have made budget projections based on need and the Budget and Control Board and General Assembly — in their wisdom — have made the determination of the amount we do receive.

This situation is now changed — the Budget and Control Board receives from the tax experts a projection of how much the State revenues will total — the pie is sliced — and the Department is told how much money it can expect. We then fill in the blank spaces as to where the funds will be spent.

Let us look for a moment at the appropriation for the current fiscal year and the projected fiscal year for the Department and all of its facilities.

The current fiscal year appropriation is \$57,511,794 and the projected appropriation — that which the Budget and Control Board says is our slice of the money pie — is \$59,912,840.

Feel rich? Well, I don't like to disillusion you but that is only an increase of \$2,401,046 or 4.17 per cent.

Now, this percentage increase is important — remember that is a 4.17 per cent increase over last year. Out of that 4.17 per cent increase must come 3 per cent for fringe benefits and salary increments. That leaves 1.17 per cent — to meet an anticipated, inevitable and annually recognized 9 per cent increase in agency growth — and what has been recognized nationally as roughly 7 per cent or more increase in the cost of living.

The South Carolina Department of Mental Health has historically made do with what the accountants and auditors call a “maintenance” type budget. This means that you have nothing with which to move forward and less with which to hold your present position.

Yet — even under these most adverse financial conditions we have done more than stand still — we have moved forward — and our records substantiate that statement.

Something is lost in this process — as something will be lost in the process where the funding mechanism is so far removed from the provider-client level of program service.

I am not an advocate of the status quo — but neither do I pursue a policy of change for the sake of change. When I hear our experts talk of accountability I really hear them say “control” — and what I really see is a higher level of control — farther and farther away from that basic level of citizen service — far from the potential of responsiveness to need; another level of bureaucratic intervention.

It has also been my experience that such high level control of the budget through the funding mechanisms also has its greatest impact on the planning arena. How many of us have been overwhelmed by high-flown idealism of federal government planners — whose ideas come sweeping in with the virtuous scream of Eagles — only to fall later as the plaintive chirp of a sparrow.

From these towers of wisdom come worthwhile causes which overstate their case and demand the unattainable for results — but implementation in the field necessitates the modification of goals before anything becomes effective.

The Department of Mental Health is no exception. In 1970 we announced what we have called the “New Direction” for the Department which outlined a 10-year plan for massive improvements and a vast overall restructuring of the mental health care delivery system.

The key to this plan was construction of four regional psychiatric hospitals to have direct linkage with totally expanded mental health centers in all of our single and multi-county catchment areas — regional hospitals of modern design, properly equipped and staffed to give to patients requiring hospitalization the ultimate in care and treatment in an environment conducive to comfort and community living.

I must inject at this point — there have been some who have been ultra critical of the design of the psychiatric villages and of Morris Village, the alcohol and drug addiction treatment center for the Department. They say we are building Howard Johnson Motels.

Yes, the design is different and it should be. It may not be the perfect design but we remain open to any suggestions from the architectural firms who have the design contracts.

In defense, I can only repeat the words of our very supportive friend, Comptroller General Earle E. Morris, Jr.: The Department of Mental Health is not in the business of building slums for the mentally ill. If we are to reproduce South Carolina State Hospital as it was in the beginning then we might as well go back to building one-room school houses and two-lane highways.

Our 10-year plan was a valid one and still is today. But let's take a brief look at where we are today — seven years later.

Our first village — to serve the 15-county Midlands area — is nearing completion and it will be dedicated as the G. Werber Bryan Psychiatric Hospital in honor of one of our most devoted members of the governing board. We still hope to have it operational before the end of the year.

The second village — designated “B” but not named as yet — will be located near Anderson to serve the 14-county Piedmont area. This village is now in the hands of the architects and it should be ready for construction bids sometime next year. The Department has available only a little over \$12 Million to apply toward this village and, even as of this date, the construction cost is expected to be close to or above \$13 Million.

Village “C” has been designated for the 9-county Pee Dee area and will be on land reserved for the Department between Darlington and Florence. We have a \$500,000 allocation to proceed with the planning

and architectural plans — but we have no funds available for construction.

Village "D" to serve the 8-county lower coastal area is even further away — no land and no funds for planning or construction.

The 14 fully comprehensive community mental health centers we envisioned are closer to the mark. Ten of the 14 are now considered fully comprehensive according to the standards set forth by Public Law 94-63. Five of those 10 have moved to that status since 1970.

It should be of more than just passing critique to note that we started out with a goal of 14 centers in 1963 under Public Law 88-164 which required five basic services — then in 1975 the Congress passed Public Law 94-63 which requires 12 basic services.

Overplanning? Overstatement of goals? No — they just changed the rules and demanded more of us. But — we delivered.

At this point, we should take a look at the third goal of our 10-year plan — lowering patient populations at the central institutions. This was anticipated to work hand in glove with the expanded programs of the centers.

Now we talk about accountability — everyone else demands it but when it's offered it gets little attention. But the accountability I am going to give you now is in the form of statistics and it answers any and all questions about whether or not our planning was valid.

We are all well aware that in 1970 when we approached our planning challenge that we had a patient population of over 5,510 at our three major psychiatric institutions — South Carolina State Hospital, Crafts-Farrow State Hospital and the William S. Hall Psychiatric Institute. At S. C. State Hospital and Crafts-Farrow we were woefully overcrowded and understaffed.

Well, today we are just over 3,000 resident patients at these three institutions. I have not included Morris Village, the alcohol and drug addiction treatment center, nor the C. M. Tucker Jr. Human Resources Center — with Stone Pavilion and Fewell Pavilion — because these facilities do not receive the brunt of admissions as do the three major psychiatric facilities.

This report as prepared by the Statistical Section of the Department is most revealing. These figures cover Fiscal Year 1972-73 through Fiscal Year 1976-77 — a five year period.

Admissions at the three facilities have decreased by 1.6 per cent and the admission rate per 10,000 population has decreased 4.62 per cent.

But listen to this — resident population has decreased by 32.5 per cent and resident population per 50,000 has decreased by 34.5 per cent.

In 9 of the 14 catchment areas admissions were down for the 5-year period even though 11 showed an increase in admissions in 1976. Now

Bill Blanton is going to have to explain to me about what happened in Charleston in 1976 when admissions were up 100 over the previous year.

Here in the central office we didn't exactly think 1976 was any prize winner as years go — and in reviewing my annual address at last year's meeting that fact was quite clear.

Anyway — back to the 5-year statistics. Admissions per 10,000 population were down in 9 of the 14 catchment areas and the decrease in resident patients per catchment area showed a decrease in all 14.

Total residents per 50,000 population by catchment area showed an impressive decrease in all 14 — ranging from minus 17.44 to a most impressive minus 53.87.

Also from Community Mental Health Services come more facts which tell us an equally interesting story — expansion and success of Precare Screening and Aftercare Services shares in the very bright picture painted by statistics. And in the past two years Transitional Services have also been applied.

All three programs are inter-related in preventing — or at the very least postponing — hospitalization in the central institutions. Precare focuses on prevention of hospitalization — Transitional Services seeks to provide alternatives to hospitalization as well as providing living skill oriented services to patients re-entering the community after hospitalization. Here also is where the followup and aftercare contacts are designed to meet needs and prevent re-hospitalization.

Contractual arrangements with local hospitals for inpatient beds now number 29 and physician contracts number 83. There are 103 programs involving transitional services, boarding homes and nursing homes.

The only statistical data we have at this point to prove the worth of these efforts were compiled in December of last year. I am sure this year's data will make these numbers even more impressive and the statistic which really commands our attention is in the number of active aftercare patients now in programs — 6,432, with home visits in the same period totaling 1,042.

Even with all the pieces not in place — our 10-year plan is working and you — in the hospitals and in the communities — are making it work.

The outlook is even brighter. Greenville County just recently received approval and is now underway making operational a second mental health center to serve that populous county and Lexington County has been divided out of the three-county Columbia Area Mental Health Center (Richland-Lexington-Fairfield) and will also be funded for full center status. Thus — when complete — we will have 16 fully comprehensive centers.

During the past year the Department, and the State, have been the beneficiary of a new source of advice and input as to the appropriateness and adequacy of our various programs of service. The Mental Health State Plan Advisory Council was inaugurated in June 1976, with member representation from 14 catchment areas, four Health Systems Agencies, nine state agencies and two statewide organizations.

I have been impressed by the quality of the Council's work; by the dedication and effectiveness with which it has engaged in learning about the Department's responsibilities and programs; and by the well-focused, disciplined commentary and recommendations it has made to us.

The influence of the Council has already strengthened the State Plan and has had a visible impact on our programs.

For instance, a Council recommendation on primary prevention has resulted in the establishment of Primary Prevention Education Project under the direction of one of the Department's veteran employees, Dr. J. Obert Kempson.

This is not lip service. Dr. Kempson is already at work establishing a liaison with all of our facilities, identifying the personnel already in place who will provide the linkage for a fully operational statewide program. Also in the planning stage are several training workshops for these personnel. We are definitely on the way with this program.

I and the Commission, highly value the work of the Council and we listen carefully to what it says to us. I urge the personnel to make yourselves aware of the work of this important advisory council. They give us an objective consumer viewpoint which adds much needed balance to our ever present professional concerns.

We should also appreciate the new and objective approach toward the Department which has been evidenced in the work of the Legislative-Governor's Committee on Mental Health and Mental Retardation under the chairmanship of Senator James Stephen of Spartanburg.

With leadership from the Senate and House members, much-needed revisions in the new mental health commitment laws were passed in this year's session of the General Assembly.

The Committee has also directed its attention toward better utilization of community mental health centers in the admission process, working closely with the Probate Judges of the State.

I, and key members of the staff, will make a presentation to the Committee at its Fall conference at Hilton Head in November. Dr. Ray Ackerman and his key personnel have formulated a realistic program in this area and it will be outlined to the Committee at that time along with a budget projection for this specific program.

Whether the Department of Mental Health will continue on its

well-researched and well-planned program for progress is to a great degree now out of our hands. And this only involves need based on proven projections — the 10-year plan being the focal point.

But already there are supporters gathering to launch strong information programs about the additional needs of the elderly, the needs for services to children and adolescents, for the criminal court charged but untried mentally ill, for the mentally ill who are already committed to the corrections system — and there are other special groups we can identify.

When will we — the state — begin meeting these needs? When will we — the Department of Mental Health — be assigned a new responsibility or be asked to absorb it into our system and our budget? Who has the money? From whence will it come?

I am not concerned about who or what agency will have the responsibility as much as I am about when the State, through its elected representatives and its budgeting bodies, recognizes that the state *has* the responsibility.

Let's quit fudging with facts and cutting corners. Last year's hassle about a 1-cent tax on tobacco got everybody in an uproar — except the cigarette manufacturers and especially the vendors. The price of cigarettes went up one cent — name me one vending machine that did not go up a nickel. I would have liked to have seen that other four cents go toward vital and necessary state improvements — especially in mental health — than in the form of tax-mandated profits for business.

We live in odd and unusual times. It takes the ultimate in mental and moral courage to cope with the challenges of today, in our private lives and in our public service commitment. Government today requires — desperately needs — a new brand of enlightened humanitarian leadership.

At this point I always wonder what I can leave with you just in case you missed what I've been trying to tell you.

I think I found it in Mason Williams. Now I'm not one of Mr. Williams' more avid readers but he did write a five-line stanza that struck me as being most profound — and most appropriate for these times.

Williams took a line from Shakespeare for his title — "These are the times that try men's souls" — and he wrote:

When Justice is overruled by Law
 When Peace is attainable only by War
 When Freedom is sabotaged by Organization
 When God is only a device for Immortality
 When Progress is stifled by Traditional Ignorance

Truly — these are the times that try men's souls. There is enough there to keep us all challenged for the next year.

OFFICE OF THE STATE COMMISSIONER

The Office of the S. C. State Commissioner of Mental Health consists of the Commissioner (Dr. William S. Hall), an Administrative Assistant II and a Secretary II.

Dr. Hall has served in this capacity since July 1, 1963. As the chief executive of the department it is his responsibility to administer the policies, rules and regulations established by the S. C. Mental Health Commission. He is appointed by this Commission, which is the governing board of the department and whose members are appointed by the Governor.

The Commissioner must be a medical doctor licensed in S. C. with approved training and experience in psychiatry. The Commissioner has the power to appoint and, at his discretion, remove all other officers and employees of the department (subject to approval of the Mental Health Commission.)

The Commissioner acts as the immediate supervisor to two adjunctive services — the Office of Public Affairs and the Office of Program Development.

Office of Public Affairs

In its function as a public affairs entity this office received questions from the general public (i.e. elementary, high school, and college students requesting assistance and information about the Department and mental health for class projects; citizens who are concerned about mental health services for friends, neighbors, or relatives, etc.) and saw to it that they were answered through direct communication, by referring them to a proper source of information, or by mailing written materials. This office handled letters of complaint from patients and their relatives forwarded from the Governor's Office and investigated such complaints.

The office provided speakers as requested by various organizations for their meetings and programs.

The Director of Public Affairs kept track of all legislation related to mental health or any laws which would have any effect upon the department. He also is a consultant to the Legislative/Governor's Committee on Mental Health and Mental Retardation.

In its capacity as a service for dissemination of information to employees and the public the office published 12 issues (one each month) of the *Report*. This publication was distributed to all department employees and to a mailing list of over 700 — Governor, Lt. Governor, S. C. Legislators, probate judges, state agencies, out-of-state mental health directors and mental health commissioners, S. C. Colleges and Universities, the S. C. Mental Health Commission, 25 S. C. daily and 81 weekly newspapers, 14 television and 117 radio stations, Community

Mental Health Center and Clinic Board members and miscellaneous requests.

The office also published *D² — Data and Dialogue*, a monthly newsletter for CMHS employees. It is also the duty of this office to compile the department's Annual Report (a legislatively mandated official, detailed record of the SCDMH fiscal year).

During the year the staff, upon request, designed a 24-page brochure for CMHS, a recruiting brochure for G. Werber Bryan Psychiatric Hospital, and a brochure for the CMHS Film and Book Library which, when entered in the National Association of Mental Health Information Officers Region IV Annual Meeting publication contest, was awarded first place among over 50 entries from 9 states. During the year 32 news releases were distributed to the S. C. mass media.

The office participated actively in the planning and preparation of special events such as the Annual Meeting and the SCDMH Outstanding Employee Selection and Luncheon. This involved advance publicity; designing invitations and programs; choosing plaques; photographs and coverage of these events in department publications and the press. Staff members also created brochures and programs by request of various department personnel and groups which presented workshops during the fiscal year. The office also designed and coordinated the distribution of the 1976 Christmas Card.

Two staff members took the pictures of special department events for the record, as well as those pictures which appeared in all the department publications and/or were sent to the press. The staff also took color slides of department facilities and activities which were used in "road shows," talks, and programs presented for the public by various SCDMH personnel. A photograph negative and print file is kept on hand for requests, reference, and future use.

The office maintained extensive files including all publications, letters, materials, laws, information of historical interest, and special events pertaining to the department.

One staff member was responsible for finding and keeping on file all newspaper articles regarding the department and anything relating to mental health which appeared in the major S. C. newspapers.

Toward the end of the fiscal year the office incorporated a newly created position entitled Coordinator of Tours and Visitations. The responsibilities of this position include making arrangements for and coordinating with facilities and groups, and carrying out a tour-educational program and developing audio-visual and printed materials necessary for such a program.

Division of Program Development Services

The Division is responsible for Departmental planning, program evaluation, organization development and grants management. Salient activities for fiscal year 1977 focused on the State Plan and the work of the State Plan Advisory Council; the development of a memorandum of agreement based system of coordination between state hospitals and community mental health centers; the initiation of projects in community based hospitalization of emergency admissions, training personnel for work with deaf patients, education for primary prevention, and visual screening for long term patients in the state hospitals; work with Health Systems Agencies and the State health planning establishment; other interagency program development; and planning with regard to the Village System development. Staff resources during the year were Racine D. Brown, Atha J. Cooper, J. Russ Metz, Faye Henry and Lilly Pena.

Office of Youth Services

This Office continues to facilitate coordination and program development for children and youth services within the Department. This is achieved through interaction with State and national agencies, and with the Department's Children and Youth Council.

The Department is represented by this Office in an organization which reacts to critical issues for state agencies responsible for public mental health services for youth (State Mental Health Representatives for Children and Youth). The Department participated in several national surveys; one, sponsored by the National Institute of Mental Health, surveyed child mental health needs and barriers, producing the publication "Challenge for Children's Mental Health Services" (a few copies are available from this Office). Review and planning of continued education in mental health in this region, gave special attention to resources and re-licensure (sponsored by the Southern Regional Education Board).

Various issues, ranging from State and federal legislation to training and service programs, have been addressed in collaboration with State agencies. This has included: S. C. Department of Education (Special Education Programs for the Handicapped; Federal Law 94-142); S. C. Department of Juvenile Placement and Aftercare (joint planning); S. C. Department of Mental Retardation (the hard-to-place multiple handicapped child); Governor's Child Advocacy Office (consumer issues); S. C. Department of Health and Environmental Control (EPSDT, child health programs); Governor's Child Development Council (collaborative programs for age 0-6).

Thirty-three percent of South Carolina's population is under the age of eighteen. The Department identifies at least 281 professional staff (6% of employees) working with this group, with a budget of \$1,550,000 for all youth services (11.9% of Department budget). Notable youth developments within the Department this year include creation of new Community Mental Health Center Standards, with specific standards for youth. The Autistic Program (CMHS) has expanded to six locations and added a new adolescent component. The summer therapeutic camp, Camp Logan (CMHS), has continued its success. Adolescent services (16 and older) will be included in the new Werber G. Bryan Psychiatric Hospital (Village A). In planning for Village B, a commitment has been made for pre-puberty and adolescent programs for this northeastern quarter of the State. The W. S. Hall Psychiatric Institute has initiated within its training mandate a diagnostic and therapeutic nursery school program. Residential services continue for youth at "Blanding" (SCSH) and at Hall Institute. Youth outpatient, consultation, education, and related services continue in the fourteen community mental health centers and Hall Institute. C&Y was the second most requested staff training in the Department (Staff Development).

This Office and the SCDMH Children and Youth Council, composed of members responsible for youth services, provide for the Department basic functions of coordination, issue resolution, and resource utilization. Among many activities, the Council gave priority to development of a Department model for youth services this year.

ARCHIVES AND HISTORY DEPARTMENT

The Archives and History Department, S. C. Department of Mental Health, continued to have an increasing number of visitors — local, statewide, national and international. Hundreds of high school and college students came.

Many resident patients, former patients and personnel were visitors. Regular groups were nursing service personnel attending the inservice educational orientation course. Officers in the Law Enforcement Training School of the S. C. Criminal Justice Academy included the Archives in the orientation training program.

Dr. Layton McCurdy, Professor and Chairman, Department of Psychiatry and Behavioral Sciences, S. C. Medical University, Charleston, came with senior physician residents for research in psychiatric history and inpatient records during certain periods.

South Carolina was the second State to officially authorize and finance a hospital for the mentally ill. The 1822 Mills Building (originally the Lunatic Asylum) is the oldest state mental hospital in the nation in continuous use. This is now a multipurpose facility.

The history of South Carolina care of the mentally ill is depicted in the Archives. On display are historical artifacts, portraits, photographs, original handwritten documents, authentic antique furnishings used in the Mills Building and in the S. C. State Hospital over the years, etc.

Numerous inquiries necessitate extensive research referable to special therapies, diagnoses, data referable to former patients, information about buildings, etc.

DIVISION OF ADMINISTRATIVE SERVICES

COMPUTER SERVICES

The Division of Computer Services is composed of three sections, Clinical Systems, Business Systems, and Computer Operations. All data processing activity for the Department is handled through this Division.

Since its inception in 1972, concentrated efforts have been made to build a strong, flexible and progressive type system that will continue to provide up-to-date services in the field of computer technology.

CLINICAL SYSTEMS SECTION

During the year our online Patient Information System successfully processed 8800 patient information updates and an unknown number of inquiries. As of July 1, 1977, information was available for 30,623 patients, instantly retrievable at all 13 CRT locations throughout the Department. A constant effort is underway (coordinated through PPA and the Master Locator) to police our data for accuracy and completeness, correcting any deficiencies noted.

Patient history data collection was begun in October of 1976, storing A&D Sheet information, such as admissions, discharges, deaths, passes and leaves, returns from pass and leave, LWP's, return from LWP, inter-facility transfers, and ward transfers involving Byrnes Clinic. In April of 1977 the patient history programs were released for authorized use. Thus far, 23,000 transactions have been accumulated, representing histories for approximately 6500 patients. This information is retrievable and printable at all 13 CRT locations.

Necessary programming modifications have been made to ensure a smooth startup for the new G. W. Bryan Psychiatric Hospital. It will have a CRT and a printer and access to all information and programs the other inpatient facilities have. Trial A&D Sheets have been produced and have the approval of the facility Registrar.

The efficacy of the pilot drug program at Crafts-Farrow State Hospital has been studied by a committee and its future is uncertain at this time.

BUSINESS SYSTEMS SECTION

Business Systems Section designs, programs and implements computerized business applications for the Department.

Projects of the past year:

Major additions have been made to the Financial Management System for reporting commodity purchases and financial expenditures in compliance with the Stephenson Act. Systems and programming work is in process to add a Cash Receipts and a Disbursements Journal to the Financial Management System.

A Space Utilization System was designed and written. Reports are now being produced for those buildings on the Space Master File.

A System to computerize Medicaid Payment processing is almost complete and is being tested.

An unusual number of special projects relating to Payroll/Personnel were necessary because of collecting data for a possible midyear general salary increase, change in sick leave regulations, change in work hours for certain classes, providing data to State Personnel and Auditors Office to aid in budget preparation, and the necessity of splitting an across-the-board salary increase.

COMPUTER OPERATIONS SECTION

Operating in conjunction with the other Sections of the Division, Computer Operations utilizes programs and systems developed by them to enter, store, retrieve, and process information and make it readily accessible for use by other components of the Department.

This Section operates twenty-four hours a day, seven days a week. Among the numerous systems maintained by it are payroll and personnel, inventory, patient billing, patient statistics, and patient personal funds.

The Department of Health and Environmental Control is presently utilizing our computer via a 3704 control unit, connecting their MOHAWK computer to our IBM 370/145.

During the next fiscal year we have planned to replace our present IBM 370/145 Computer with an IBM 370/148 Computer. This move should enable SCDMH Data Processing to gain a thirty to fifty percent improvement in processing power at no extra cost.

ENGINEERING AND PLANNING SECTION

Construction of the G. Werber Bryan Psychiatric Hospital (formerly called Village "A") is rapidly nearing completion. The landscaping and equipping of the various buildings should be accomplished by late fall.

The architectural selection for Village "B" in the Piedmont Region has been made by the Mental Health Commission and approved by the State Budget and Control Board. The Village Planning and Evaluation Committee is now obtaining data for development of plans for the facility. The size of the facility has been determined to be approximately 200 beds, of which, approximately forty would be for children and the remaining 160 for adults.

The Engineering and Planning Section is in the process of advertising for professional architectural/engineering services for two projects:

- a. Village "C" of the Pee Dee Region
- b. A Feasibility Study for the Mills Building and Surrounding Grounds

The Information and Fire Alarm System serving the facilities was plagued with various problems during the year, but completion is anticipated soon. The detector calibration level as required by the State Engineer's office was too sensitive and had to be re-calibrated to normal sensitivity level because of numerous false alarms.

The Warehouse Renovation and Addition is progressing at an acceptable pace, but it is doubtful that construction will be completed within the contract time.

Major projects for the improvement of existing facilities include the following:

Crafts-Farrow State Hospital

1. Supply and Linen Distribution is now substantially complete.
2. Electrical Upgrading is substantially complete.
3. Demolition and removal of poultry facility.

State Hospital

1. Air Conditioning Improvement to Byrnes Clinical Center is substantially complete.
2. Renovation and Air Conditioning of Thompson Building is pending Budget and Control Board approval of Engineering consultant services.
3. Demolition of Talley Building.

LEGAL BRANCH

The Legal Branch continues its primary function of collecting, enforcing and protecting the Department's claims and liens for medical care and maintenance rendered to patients. Additional duties of the Legal Branch include reviewing and drafting proposed legislation which affects or could affect the Department, enforcing the remittance of drug fines and forfeitures from the forty-six counties to Morris Village, drafting and approving contracts, leases and other documents affecting the Department, implementing the requirements of the new Administrative Procedures Act as it relates to the Department and providing counsel and assistance on a variety of matters which involves or could involve legal issues.

The Attorney for Patient Affairs Office continues to be primarily concerned with the rights and privileges of patients as well as with counseling and assisting individual patients with personal legal problems. During the past year, approximately three hundred patients were individually interviewed and counseled.

Requests for assistance were received concerning patients at all five central SCDMH facilities and several Community Mental Health Centers. Referrals were received from SCDMH staff, other State agencies, the Attorney General's Office, and the Governor's Office. Presentations were given to mental health organizations and Department in-service training sessions and seminars.

Currently, with the assistance of others in the Department, work is beginning on the development of a patient rights standards program and the development of an effective patient grievance mechanism.

PERSONNEL

During the past fiscal year, the Personnel Office reviewed and updated many of the existing personnel policies and procedures of the South Carolina Department of Mental Health. New policies and procedures were researched and written as required.

Employment Activities

During the fiscal year, 1976-77, a total of 6,765 initial interviews were conducted by the Employment Section, resulting in the employment of 1,090 people. This represents an increase of 35.1% over last year's employment which, due to a budgetary cutback and "freeze" on state employment, was considerably lower.

The Employment Section actively participated in programs to hire disadvantaged individuals again this year. Approximately 50 people were employed through the Comprehensive Manpower Program and the Richland County Manpower Program.

The new system of posting vacancies within the facilities and in the weekly bulletins has been very successful. More employees have been given the opportunity to apply for higher level positions and to obtain upward mobility.

	<i>Initial Interviews</i>	<i>Total Interviews</i>	<i>Processed</i>
July	423	700	56
August	507	835	70
September	452	695	88
October	615	904	135
November	273	355	30
December	484	680	71
January	811	1,151	123
February	743	920	46
March	489	895	131
April	570	826	72
May	651	978	114
June	<u>747</u>	<u>1,045</u>	<u>154</u>
Totals			
1976-1977	6,765	9,984	1,090

Classification-Compensation

Effective June 25, 1976, the state forty pay grade compensation plan was expanded by having 4% applied to both minimum and maximum salaries of each pay grade. All employees in the classified service of the South Carolina Department of Mental Health received a 4% general increase on June 25, 1976. Effective July 1, 1976, a state merit increase program was discontinued. The discontinuance of this program was necessitated by the lack of available appropriations to fund the program for fiscal year 1976-77. In November, 1976 monetary increases associated with reclassifications and pay grade reallocations were reinstated. These increases had been frozen for one year due to lack of available appropriations.

In February, 1977 the departmental Classification-Compensation Section assumed responsibility for all classification-compensation action associated with the Division of Community Mental Health Services. This included the review of all position questionnaires for new positions or reclassification and the establishment of equitable employment salaries for new employees in the division.

During the fiscal year, the departmental Classification-Compensation Section in conjunction with the State Personnel Division, participated in classification series studies and individual classification requests

which resulted in approximately 700 employees of the department being reclassified, upgraded, promoted, etc.

Even though merit increases were not given during the fiscal year, the Classification-Compensation Section was required to process performance appraisals and maintain this information with the State Personnel Division.

Employee Relations

The departmental Employee Relations Specialist held 206 individual counseling sessions which involved 58 employees. In addition to individual counseling, there were several group meetings with employees, their supervisors and other facility officials. There were twelve meetings held with representatives from other state agencies concerning complaints filed by employees of the South Carolina Department of Mental Health with these state agencies.

There were meetings held each month by the departmental Employee Relations Specialist with Facility Personnel Representatives to discuss new and/or changes to existing departmental policies; fund raising, membership and other campaigns sanctioned by the department; mutual employee relations functions and specific individual facility employee relations problem areas. These meetings were rotated from one facility to another each month in order that each Facility Personnel Representative might gain first hand knowledge of some of the activities that take place within the department outside of his or her own facility.

During the fiscal year, there were fifteen step one, ten step two, and seven step three grievances held within the department. There were three step three decisions that were appealed to and heard by the State Employee Grievance Committee.

The South Carolina Department of Mental Health conducted the annual United Way Campaign during the months of September and October, 1976. A goal of \$30,400.00 for the department was established by the United Way Headquarters. A total of \$26,971.21 was contributed during this campaign for 88.72% of the assigned goal.

The Heart Fund Campaign was conducted during the month of February, 1977. Employees of the department contributed a total of \$2,239.00. For this achievement the department was awarded the Heart Fund Citation for the third successive year.

The annual campaigns to raise funds for the Easter Seal Society for Crippled Children and Adults of South Carolina was conducted during the month of April, 1977. Employees of the South Carolina Department of Mental Health contributed a total of \$692.01 to this campaign.

The annual Cancer Fund Drive was conducted during the months of April and May, 1977. Employees of the South Carolina Department of Mental Health contributed a total of \$1,798.12 to this very worthy cause.

The Multiple Sclerosis Society Campaign was conducted during the month of May, 1977. Employees of the department contributed a total of \$685.12 during this campaign.

Personnel Services and Records Activities

During the fiscal year 1976-1977, fifteen five-year service emblems, four ten-year emblems, one twenty-year emblem and two thirty-year emblems were awarded to employees of the Division of Administrative Services.

A total of 825 persons were terminated during the fiscal year 1976 to 1977. The annual rate of turnover, based on an average of 4,703 employees was 17.54%. This represents a 1.99% decrease in turnover. A detailed breakdown of the reasons for separation is shown in Chart I.

CHART I

Reasons for Separation from Employment During Fiscal Year 1976-77.

A. WOULD REHIRE EMPLOYEE

1. Maternity	6
2. Returned to school	76
3. Lay off of surplus employees	1
4. Better pay, non-state	34
5. Better opportunity, non-state	37
6. Better working conditions, non-state	3
7. Going into business for self	3
11. Different job with state, different agency	30
12. Job eliminated	2
13. Moved out of job area	73
14. Military service	10
15. Other	127
49. Personal, did not take another job	40

B. MIGHT NOT REHIRE EMPLOYEE

50. Resigned voluntarily, but mediocre working results	20
51. Ill health	10
52. Difficulty with fellow employees, but resigned voluntarily	3
53. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	20

54. Difficulty with supervisor	1
55. Misconduct	2
56. Violation of rules	6
57. Refused transfer	1
58. Discontent with salary	2
59. Discontent with work	7
60. Other	46
 C. WOULD NOT REHIRE EMPLOYEE	
68. Other	33
69. Abandonment of position	40
70. Unsatisfactory working results, but resigned voluntarily	19
71. Unsatisfactory working results, discharged	23
72. Difficulty with fellow employees, but resigned voluntarily	1
73. Difficulty with fellow employees, discharged	2
74. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	29
75. Excessive absence, tardiness, or discipline problem	33
76. Difficulty with supervisor	0
77. Misconduct	7
78. Violation of rules	27
79. Refused transfer	1
 D. OTHER	
80. Deceased	5
81. Retired	34
83. Retired for disability	11
TOTAL	825

Personnel Actions involving employee changes totaled 1,731 as follows:

Promotion	397
Reassignment	253
Transfer	118
Demotion	22
Leave Without Pay	165
(Including Maternity LWP)	
Change in Name	107
Change in Hours	127
Position Title Change	7
Salary Adjustment	13

Extension of Probationary Period	9
Reclassification	262
Position Status Change	19
Reinstatement	1
Return from Maternity Leave	83
Return from Educational Leave	21
Miscellaneous	127
TOTAL	1,731

A total of 2,636 insurance applications were processed during the fiscal year and are as follows:

Pilot Life Group Insurance

Basic Life

New enrollments	2
Revisions to present policies in force	1
Cancellations	0

State Service Life

New enrollments	13
Revisions to present policies in force	129
Cancellations	15

Hospital Indemnity Plan

New enrollments	0
Revisions to present policies in force	2
Cancellations	0

A & S (Salary Continuation)

New enrollments	0
Revisions to present policies in force	0
Cancellations	1

Liberty Life

Survivor Monthly Income Plan

New enrollments	9
Revisions to present policies in force	0
Cancellations	0

Blue Cross-Blue Shield Group Insurance

New enrollments	1,109
Revisions	543
Cancellations	812

PRINT SHOP

The Print Shop is a service component utilized by all facilities of the Department, including all mental health clinics.

There has been 3,933 jobs processed through the Print Shop during 1976-77, for a total of 7,755,592 printed impressions and 23,514 masters used.

The Print Shop has added a Xerox Copier/Duplicator in order to update services. The majority of short run work, which is very time consuming for the small amount of output, will be returned to the user/requestor in less time.

PROPERTY ACCOUNTING SECTION

Report covers the following organizational entities:

Consumable Inventory Accounting	20042
Fixed Assets Accounting	20044
Warehousing	20070
Upholstery	20071

1. Storage in General Services Warehouse:

In storage July 1, 1976	23,389 cases
Placed in storage FY 76-77	30,130 cases
Remaining in storage June 30, 1977	14,557 cases
Cost of storage FY 76-77	\$10,076.48

This represents a decline in outside storage of 12,000 cases and \$6,300 less in storage charges. Completion of new space and renovation of existing warehouse space in FY 77-78 will permit further decrease in outside storage.

2. USDA Commodities:

A new concept in allocation of commodities was adopted by the United States Department of Agriculture in FY 76-77. Commodities were allocated on the basis of \$18.89 per person per institution per year. The Department of Mental Health's allocation was \$91,353.00 for this period. Commodities received were valued at \$131,305.58 which exceeded our allocation by \$39,952.58. This is partially attributable to rejection by designated counties of their portion and reallocation to the Department of Mental Health.

3. Salvage Disposal:

Disposal of salvage items such as cans, drums, rags, jars, scrap metal, etc. netted the Department \$13,730.25 during the Fiscal Year.

4. Consumable Inventory Accounting and Warehousing:

During FY 76-77 a total of \$5,573,810 of stock purchases were received and 5,722,145 stock issues made. These actions required 275,518 separate computer transactions to maintain the inventory listings. In addition to these receipts and issues, 4,981 items of capital

property valued at \$1,601,397 were received and processed. Dollar value and number of shipments of direct purchase consumable items received is not known as separate records to capture this data are not maintained.

5. Fixed Assets Accounting:

Physical inventories of the 5 major facilities, 15 Centers and Clinics and 39 satellite offices were accomplished during FY 76-77. In addition to the inventories, the Fixed Assets Section processed 4,981 items valued at \$1,601,397 for pickup and 2,426 items valued at \$487,363 were deleted from the Property System.

PURCHASING

The Legislative Audit Council in implementing the Stevenson Act has caused a much heavier work load in Purchasing. Each commodity purchased must be assigned a commodity code number. Much time is spent in trying to locate the proper number to fit an item.

A vendor code number has been assigned to each vendor which must be indicated on each Purchase Order. New vendors must be assigned a number before a purchase order is issued. An average of five new vendors are added to the system daily.

Purchasing personnel must still be utilized to relieve in the General Services area during absences and peak work periods.

RECORDS MANAGEMENT

The Microfilm section of SCDMH has filmed the Medical Records from Crafts-Farrow State Hospital dating from 1964 through 1972. In addition, Medical Records from Anderson-Oconee-Pickens Mental Health Center, Beckman Mental Health Center in Greenwood, and Orangeburg Mental Health Center have been filmed. In January filming of the South Carolina State Hospital records began. Equipment for filming other Community Mental Health Services has been purchased and filming will begin soon.

During the year a total of 342 cartridges were filmed. This means 1,026,000 pieces of paper were handled.

The Records Management Section completed inventories of records in the Administration Building and at Morris Village. The inventory is still in process at South Carolina State Hospital, but will be completed by the end of July.

Staff Development Program

The Staff Development Program has again significantly increased its productiveness during the past year. The number of educational offer-

ings and the number of employees trained each year have risen as follows:

<i>Fiscal Year</i>	<i>Number of Programs</i>	<i>Number of Employees</i>
1972-73	9	140
1973-74	30	524
1974-75	67	908
1975-76	75	1,228
1976-77	109	1,749

These figures represent the substantial growth in educational opportunities made available to Department employees during the last five years by Staff Development. Much of this growth has resulted from using employees to teach other employees. The sharing of the wealth of abilities that exists among employees within the Department is a primary goal of Staff Development.

To increase the employees' ability to plan their training schedules, Staff Development began issuing a catalog of its training opportunities. This packet, published twice a year, is distributed to major supervisors and department heads throughout the system. Together, supervisors and employees can clearly determine the appropriateness of any given course by examining the course objectives, course description, instructor qualifications and participant requirements. We believe that the final decision governing employee registrations should be between the individual employee and supervisor and based on job needs.

The computerized training record system is now in full operation. This system enables us to accurately determine the number of courses taught per year, the number of employees taking particular courses, how many courses each employee has completed, how many employees in each service we trained from a given facility, etc. This system enables the Department to respond to governmental and judicial inquiries relative to affirmative action, quality of staff competencies and career development opportunities, and also provides accountability to the Department for the productivity of the program.

The quality assurance mechanisms have proved to be very effective. The number of programs qualifying for Continuing Education Units (CEUs) has increased each year and the evaluations of each program reflect this consistent emphasis on quality. We are especially pleased that the overall average evaluation for all programs we have conducted is 4.4 on a scale of 1 to 5.

Funding was received this year for a Paraprofessional Career Development Program. This two year grant from NIMH focuses on the need to utilize new levels of paraprofessional workers for expanding

roles in mental health treatment delivery systems, and to provide viable career opportunities for them. The ultimate goal of the Career Development Program is to develop a competency based career ladder for mental health paraprofessionals to be linked to new job formulations and a competency based in-house training curriculum. It is anticipated that employees completing the competency curriculum will have the option of receiving academic credit for their achievement.

This has been a highly successful year for Staff Development. Not only have there been the tangible accomplishments of the program, but also a great deal of recognition of these accomplishments from around the nation and within South Carolina.

LICENSING SECTION

Four additional Community Care Homes were licensed during the year making a total of 28 facilities with a bed capacity of 491, an increase of 63 beds. Also, there are 17 prospective homes interested in the Community Care Program.

There were no Community Care Homes to close during the year.

During the fiscal year, we have licensed 54 Alcohol and Drug Programs with an increase of 12 facilities.

The 7 Detoxification Centers have a bed capacity of 104 beds.

The 17 Halfway Houses have a bed capacity of 281 beds.

There are also 14 prospective facilities in sight for licensure.

Travel for the fiscal year has amounted to approximately 29,000 miles.

There is an increase of 1 in the Licensing Section, which makes a total of 3 persons.

The 2 surveyors have each attended a course in Alcohol and Drug Studies.

BUDGET ANALYSIS SECTION

For the second consecutive fiscal year, the Department of Mental Health, along with other State agencies, suffered a mid-year budget reduction. The Department's share of the reduction amounted to \$3,752,188 or approximately 8% of the Department's State Appropriations and was accomplished through the accumulation of funds from vacant positions and a conscientious effort to hold the line on expenses.

Increased accountability in State government led to the passage of the Fiscal Accountability Act (Stevenson Act) which resulted in an increased workload for all State agencies. The Budget Section assumed additional duties of coordinating the act's requirements within the Department.

The Department prepared and submitted to the Legislature, during fiscal year 1976-77, its requested budget for fiscal year 1977-78, in the

amount of \$61,591,836. Of this State Appropriations request, \$57,143,112 was approved. This figure includes employer contributions (fringe benefits) for the first time in the amount of \$6,471,262.

INTERNAL AUDITOR

During the Fiscal Year 1976-77 the South Carolina Department of Mental Health Internal Auditor accomplished various job activities. Fourteen components (Clinics and Centers) of Community Mental Health Services have been audited in order to maintain proper operational controls.

Directive No. 386-76, Establishment of Policies and Procedures for Cash Flow, has been implemented by all Centers and Clinics. Implementation of this directive has enabled the Internal Auditor to accomplish more in depth audits.

Annual audits have been performed for the Pharmacy operations at South Carolina State Hospital and Crafts-Farrow State Hospital. Semi-annual audits of the South Carolina Department of Mental Health Commissary and recaps of the South Carolina Department of Mental Health warehouse inventory have also been performed. Several storage points have been surveyed and monitored for proper controls. A bi-weekly payroll check distribution audit was begun in December 1976. At present, annual audits for the Canteens (South Carolina State Hospital, Crafts-Farrow State Hospital and Morris Village) are being performed. The final audit for the discontinued farm operations was accomplished this year.

At present the Internal Auditing Section is being expanded per recommendation from the State Auditor's Office. Positions for two additional auditors have been created and applicants are being interviewed.

CENTER FOR ORIENTATION TO INDEPENDENT LIVING

Project COIL (Center for Orientation to Independent Living) continues to function as a deinstitutionalization program for the Department.

This project provides services under the following programs:

The *Inpatient Adult Development Program* serves patients from the South Carolina State Hospital and Crafts-Farrow State Hospital. This program was designed to help teach patients living skills that will be needed in order to leave the hospital by means of Project COIL or directly from the hospital to a community situation. This program normally lasts 15 weeks and serves approximately 20 patients from each of the two major hospitals. Thus far, approximately 147 patients have participated in this program during the time covered by this report.

The *Adult Development Program* has served approximately 150 individuals in Columbia area boarding homes in addition to COIL residents. The activities provided by this program include: home management, consumer education classes, personal development and hygiene, orientation to the community, adult education classes, social and recreational functions, and arts, crafts, and hobby development.

The statistics for the Residential Program covering the period of this annual report were 102 admissions, 28 returned from COIL to institution for various reasons (including medical and psychiatric needs and those deemed inappropriate for the program), 8 returned to COIL from community and 73 placed into community living situations. The resident census as of June 30, 1977, was 55. The employee/resident ratio at Project COIL is approximately 1:3. Considering all programs involved at COIL, the ratio vastly increases.

The funding for this Project is under Title XX contract with the Department of Social Services. Under this contract Project COIL is reimbursed 70% of total operating cost with 30% being funded by Department.

FRIENDSHIP CENTER

Friendship Center has been in operation for 16 years and is presently occupying a portion of the facility that houses the Center for Orientation for Independent Living (Project COIL), located at 1135 Carter Street, Columbia, South Carolina.

The Center provides social recreation to men, women and young people in the Midlands who have had mental or emotional problems. It is open every day of the year providing a wide variety of structured and non-structured activities. In addition to the usual recreational activities some of the favorite events have been: a trip to Kiawah Island, attending plays in town, homecoming picnic, talent show, dances with a live band, Weight Fighters Club, pet show, swimming and fishing, and "Eat Out" nights. The staff includes the Executive Director, Program Assistant, part time secretary and seven part time group leaders who are in charge of the regular evening activities. Referrals are received from the state hospitals in the area, Columbia Area Mental Health Center, private physicians, other agencies and by self-referral. In addition to individual members Friendship Center served the following groups: exit wards at South Carolina State Hospital and Crafts-Farrow State Hospital, COIL residents, former patients placed in group homes and boarding homes, deaf students from Opportunity School, and Day Care and transitional care patients from Columbia Area Mental Health Center. Arrangements have been made with Columbia College and the University of South

Carolina for students in social work, psychology, and counseling to perform practicums at the Center as part of their course work.

The Center is supported by the United Way of the Midlands, Title XX and private contributions. The total budget for 1976 was \$39,058 and we have an average monthly attendance of slightly over 1,000.

SOUTH CAROLINA STATE HOSPITAL

SUPERINTENDENT'S REPORT

The South Carolina State Hospital made progress during fiscal year 1976-77 in its efforts to improve the quality of treatment and adequacy of patient environment. Although progress was achieved, difficulties have been encountered which continue to severely strain our resources.

The hospital's three treatment programs — adult psychiatric, children's psychiatric, and medical-surgical — were surveyed by the Joint Commission on Accreditation during the fiscal year. Each of these surveys was under different standards and necessitated much effort and preparation by professional and administrative staff.

Only the children's program received full two year accreditation status; the adult and medical-surgical programs were accredited for one year. The success of the children's program is a reflection of commendable hard work by the staff and also indicative of the financial resources which have been committed to the program. While we are gratified that full accreditation was received, we also are aware that the adult programs necessarily have received less as the children's program was established with only partial supplementation by federal grant.

The adult psychiatric program, by far our largest, received less than full accreditation status. This was a bitter disappointment in as much as treatment and environment had improved markedly since prior surveys. Deficiencies were noted with which we agree, primarily as relates to the physical environment. The hospital has redoubled its efforts to enhance living conditions by upgrading bathrooms, painting, replacing furniture, hanging pictures, and personalizing clothing. Personal grooming items have been made more accessible and the beginning of a productive grooming education project has been achieved. Other programmatic improvements have also been undertaken in response to Joint Commission recommendations. A staff of Clinical Dieticians has been organized and is now providing direct services to patients as regards dietary counseling.

Unfortunately, hospital resources have not been adequate to correct some of the deficiencies. Licensed nursing personnel have not been available in sufficient numbers to take over the total medicine dispens-

ing function within the hospital. We have not been funded to provide additional maintenance and housekeeping personnel. Most importantly, our largest and oldest building currently housing patients, the Babcock Building, has many features which are not in compliance with modern safety codes and cannot be brought into compliance without a staggering outlay of funds. We will seek to gradually close parts of the building as the patient census will allow.

The James F. Byrnes Clinical Center was surveyed under stringent medical acute-care standards for the first time this fiscal year. Although less than full accreditation was awarded, we feel that this was, in some aspects, a favorable result considering the severity of the standards and our lack of familiarity with this form of survey. Most of the deficiencies are correctable and involve organizational matters rather than patient care. All safety violations have been corrected.

Making our task more difficult this year was a reversal of the trend of declining admissions and patient census. The number of admissions for the year was 3,759 versus 3,564 for fiscal year 1975-76. Average daily census declined but this was misleading due to a decline in the fall months followed by a slightly upward trend. These statistics have a very real meaning for the hospital because this facility has not been funded to treat the number of patients being served. The South Carolina State Hospital is at present strained to the maximum in terms of facilities and funding.

DEPARTMENT OF ADMINISTRATIVE SERVICES

The Department has provided full support services to all treatment programs within the hospital. In general these services have been for the purpose of developing an environment in which safe, humane, and effective treatment can take place. Close cooperation and communications with professional personnel has been necessary as the importance of environment has come to be fully appreciated.

Some Accomplishments of the Department are as Follows:

The Engineering Branch has improved bathrooms, installed privacy partitions, upgraded nursing stations and medicine rooms. This has added to safety and quality of life.

The Supply and Service Branch has upgraded patients' furniture, clothing, and provided decorative items such as plants and paintings.

The Food Service Branch has added a new patient service. Dieticians are now assigned to treatment units to provide expert dietary counseling. The food and serving facilities have also been improved.

The Housekeeping Branch has added personnel and equipment as well as improved methods and procedures. Management has partici-

pated in the hospital's infection control program with good results. Housekeeping has been assigned duties which will enhance the appearance and safety of the wards.

The Security Branch has greatly improved the organization and efficiency of operation. A Communications Center was established to improve radio communications and to more effectively utilize personnel through a 24-hour dispatch operation. Additional supervisory personnel were added to improve the chain of command and to relieve some of the burden on the Chief.

The Registrar Branch has coordinated the audit and review programs newly required by the Joint Commission. Records management was improved through the creation of an on-going microfilm project which will ultimately make records more available to clinical and research personnel.

Administrative Services has made measurable progress during 1976-77 and will strive to continue. Among goals for the coming year are:

- A. Development of a participatory budgeting process.
- B. Preparation of a comprehensive plan for the future operation of the hospital to include a permanent improvements prioritized plan.
- C. Establishment through multidisciplinary effort of a staffing pattern which is flexible but based on objective standards.
- D. Continued progress in the efforts to improve patient environment.

UNIT I

Goals Accomplished:

Establishment of well-functioning treatment team with the team approach for patient care of all wards of Unit I with full cooperation of the individual disciplines. This was maintained in spite of the great turn over of staff, particularly in the Psychology Department and Nursing Service.

Patient census did not drop significantly because of the amount of admissions, premature discharges by court order, and frequent readmissions of the same patients. Consequently, requirements had to be fulfilled by nursing personnel to escort patients to the home community for examinations and court hearings; the number of escorts for trips during the fiscal year consisted of 919. In spite of these facts, treatment and services to the patients could be maintained as required.

Several patients within the Step-Up Program in Parker Annex progressed to the extent that they could be placed in boarding homes.

Again, there were continuous revision and reorganization of treatment modalities rendered to the patients.

A clinical dietician was assigned to Unit I as the Unit's first dietician. She has participated actively in Treatment Teams and counseling patients who are in need of dietary adjustments.

Activity Therapy personnel planned and provided recreational activities for patients of all wards. Two hundred and sixty-eight (268) field trips were made to the community and surrounding areas to enhance resocialization and to prepare the patients for re-entry into the community. Certain activity therapy employees fulfilled an extremely difficult task in working with explosive, aggressive, and hyperactive patients.

Vocational Rehabilitation Service provided services to over 260 patients referred by Unit I Treatment Teams; 137 patients had a rehabilitation plan completed; 119 patients were referred or transferred to local community Vocational Rehabilitation Offices in the State; over 109 patients were involved in some aspects of job placement; and 82 patients participated in Home Economics and Consumer Skills Program.

Social Work Service assumed the major responsibility in representing the hospital toward the preparation of Memorandums of Agreement with our five corresponding Mental Health Centers, one of which is yet to be signed.

With the addition of one more staff member making the Social Work Staff consist of nineteen, they were able to place approximately 20 more patients in alternate care living arrangements over the previous fiscal year. Seventy-three (73) patients were placed in alternate care during the current fiscal year.

Social Work Service has attained a more complete participation with corresponding mental health centers in the Unit's geographical locations toward predischarge planning, placement in the community, and other programs such as involvement of the families.

Social Work Service continues to maintain a student planning program having two graduate students from the College of Social Work, two undergraduate students from Orangeburg State College, one student from Newberry College, and two from Columbia College.

A part of Unit I, Babcock Building, was renovated. New nursing stations were built and separate rooms for medication were made available.

Partitions were built in to provide more privacy on the Admitting Wards and Chronic Wards 300, 200, 100, 104, 310, and 110.

Goals for the 1977-1978 Fiscal Year:

Increase of nursing staff including registered nurses, nursing assistants, and male nursing assistants particularly for all male wards.

Better training of nursing assistants particularly in their approach to psychiatric nursing care to enable them to render more understanding for the mentally ill.

Changes in the physical condition of Ward 108 proposed already three years ago. The goal is to create a basic program for severely regressed patients as well as an intermediate program. Both programs are presently located on Ward 108.

Another psychiatrist assigned to Unit I to fill the vacancy of Section Chief. A psychiatrist is badly needed to free the Unit Director of some of the Patient load on the male admitting ward so that she may be able to take care of other duties on the unit such as grand rounds, supervision, and education.

UNIT II

Goals:

The goals for the year 1976-1977, have for the most part been met. The treatment plans are now filled out by personnel who have had some training in this regard. The treatment plans are revised as required and documentation is recorded properly.

The various treatment programs have been reviewed and revised as necessary by the Program Committee. Each program will be reviewed and revised on a yearly basis and if indicated, more often, to meet the specific need of our patients.

Staff members have participated in many inservice activities and seminars related to their role in the treatment of patients. Several programs have been presented during the monthly meetings of all staff members. One in particular, on the extra-pyramidal symptoms of psychotropic medication, was very beneficial.

The goals of providing separate wards for the newly admitted patient and the "Acute Treatment Program" has not been met for the female patients due to lack of one additional female ward. The treatment modalities for the female patients would be enhanced by at least one or two additional wards. The newly admitted male patients are screened as soon as possible and if appropriate, are transferred to other wards where a treatment program meets his particular needs.

The ratio of staff-patient has been improved, but more Nursing, Activity Therapy, and Psychology personnel would be desirable. These personnel will be included in the Budget Request. The de-centralization of Activity Therapy has increased the number of Activity Therapy personnel working on the wards. The number of recreational activities, both indoor and outdoor had increased with much more patient participation. The patients have benefitted from increased social and physical activities.

How Accomplished:

The staff members have worked together with determination and cooperation. The Unit Advisory Board has met many times, often these meetings are "think and plan meetings" with open and free communication between disciplines. The Programs Committee members have worked many hours reviewing patient needs and the treatment modalities, to make our programs more effective.

Every patient in the Unit is involved in some type of treatment program and many new therapy groups have been initiated. Activity Therapy has worked very hard in getting more patient participation and tailoring activities to meet the needs of all patients. The various disciplines have cooperated fully with each other to achieve the goal of better care for the mentally disturbed.

The Organization Policy which was written in 1975 has served as a guideline to maintain structure through the many staff changes experienced during this past year. Many staff members have participated in Staff Development Programs, Seminars, and workshops to further their expertise in their field.

Goals for 1977-1978:

Each individual discipline and treatment program has established goals for the coming fiscal year and can be summed up as follows:

- A. Continue to upgrade and develop treatment modalities to meet the needs of our patients served by this Unit.
- B. Maintain staff cohesiveness through open communication between all disciplines.
- C. Continue to encourage more participation in Staff Development Programs, and related workshops. This is needed to continually upgrade the expertise of the staff at all levels.
- D. Improve the quality and quantity of placements and discharges to get more patients back into the community and back to leading a productive life.
- E. Maintain structure order for the Unit by following the Organizational Policy and reviewing and revising if needed.

The census has remained around an average of 410 to 425. Because of the location of the South Carolina State Hospital (in the center of the catchment area served by Unit II) the rate of admissions is very high. The Unit is striving for a higher rate of discharges with a lower rate of recidivism.

UNIT III

Unit III continues to serve the counties of Charleston, Berkeley, Dorchester, Beaufort, Jasper, Colleton, Hampton and Allendale, work-

ing closely with Community Health Centers and many other agencies, state and private, to insure all who are admitted receive quality treatment, individual consideration and sustaining rehabilitative services.

During the year July 1976-June 1977, an ever broadening spectrum of treatment services has included full participation by all disciplines in Unit programs. A major step was taken with the completion of the Memorandum of Agreement between the Charleston Area Mental Health Center and the South Carolina State Hospital, and we now turn to the task of implementing and evaluating the effectiveness of this endeavour. It is hoped also, to complete the Memorandum of Agreement with the Coastal Empire Mental Health Center in the coming year.

We have maintained a constantly improving physical and psychological environment involving all disciplines in Unit programs. Patients continue to benefit from participation in the three parallel programs, (Primary Social Learning program — geared to basic socialization skills; Token Economy program geared to the teaching of basic socialization skills through use of tangible reinforcers of tokens; Advanced Social Learning program in which patients function in terms of social reinforcers on a relatively high level, with more autonomy in their daily living).

Although individual therapy is provided for selected patients and is generally used for specific problems, group psychotherapy, as well as limited family therapy, has been expanded. This has involved for instance, the chaplain residents and more social workers as co-leaders. Social Work Service personnel have been able to improve service with more follow-up contact through pre-release trips and post release contact with boarding home operators and former patients. Family Planning Seminars have been continued and there has been increased planning and co-ordination with staff at Project C.O.I.L. A strategy of "Management by Objectives" has been used to develop a manual of policies and procedures for Social Services on the Unit.

In-Service Education, Workshop and Training programs have been attended by employees at all levels, i.e. Nursing, Activity Therapy, Social Work Service, Psychology — as well as continuing In-Service Education for Physicians.

Vocational Rehabilitation Facility staff have continued their growth-producing services by providing rehabilitation counseling, psycho-educational and vocational evaluation services and through the Homemaking and Consumer Skills service, follow-up visits and community involvement, job and educational placement and supportive service for the Unit, despite the fact that staff of the Facility has been reduced approximately 50% during the fiscal year.

In accordance with Joint Accreditation recommendation, a Clinical

Dietician was assigned to our Unit with the result that where indicated, recommendations of diet may be made in Treatment Team and Staff meetings, as well as to patients' families, to insure maximum benefit to patients, both in-house and after discharge.

Patients' spiritual needs have been ministered to by individual counseling, group therapy and services brought by Chaplaincy to the Unit. Many of the patients have participated in Sunday worship and the chapel choir.

Together with activities of a wide and varied nature, new services to the Unit of a Barber, Cosmetologist and Music Therapist, exercise therapy, occupational therapy and industrial therapy have provided a balanced philosophy of therapeutic recreation. Additional equipment received during the year has been appreciated by all concerned.

Nursing personnel have continued their co-operation, individually and as members of the Unit team; meeting with patients on wards at least weekly and providing in-put on various committees. Staff have also participated in numerous activities on and off campus with patients, while striving for better working relationships with all disciplines and endeavouring at all times to maintain nursing functions and identity.

Future Goals of Unit III:

- A. To work towards individual Treatment Plans involving family contact and family psycho-therapy during weekends with psychologists and social workers, and to continue to expand individual Treatment Plans involving family contact with all disciplines involved in Treatment Team.
- B. Psychological services to assist in continuing In-service Education program for all disciplines in the Unit upon request. Specific requests have been made by Nursing Service for this assistance.
- C. Re-diagnoses of long term patients, bearing in mind that although patients may have been in hospital for lengthy periods, there may still be hope for rehabilitation, especially where family interest and placement allows.
- D. Establishment of goal-oriented group psycho-therapy; e.g. Ward meetings with active participation of physician if possible; re-socialization groups and reality-orientation groups.
- E. To expand clinical areas and Activity Therapy within the Unit (to do this effectively additional space will be required).
- F. To improve staff knowledge and techniques in all disciplines through workshops and seminars and individual supervision; to increase staff, particularly in Nursing Service.
- G. To continue striving to maintain the maximum level of progressive and competent treatment which enables individual development and adjustment with dignity.

UNIT IV

Goals:

The primary goal for Unit IV has always been to render the most effective patient care possible, and to continue to improve services to patients and their families.

How Accomplished:

- A. Setting up the environment for the patients: Two new wards in Unit IV were established. A new female community prep ward for Unit IV was established in Cooper Building, as well as a new male community prep ward. Both are twenty (20) bed wards.
- B. Establishing treatment programs: New on some wards were programs on Socialization, Ethnic Conflict, Self Awareness, Reality-Orientation and Current Events, Individual Counseling and Milieu Enhancement Program, Level Contingent Therapy Group and Community Education Group.

A new occupational therapist and a music therapist joined our unit, which led to the establishment of an occupational therapy clinic and a music therapy clinic. Also new to the unit was a clinical dietician, who has occasional treatment groups and discussions on various wards with patients and employees regarding diets and food preparation.

The new Levels Program provides incentives for patients to assume responsibility for continuing improvement of self-care skills and realistic discharge planning.

The program committee has continued to meet on occasions so that we might continue to make consistent, coherent plans in establishing treatment programs and to formulate suggestions on how to improve on our current programs.

Chaplaincy conducts religious resource groups.

- C. Establishing relations with the counties that serve Unit IV: Community mental health workers made monthly trips to the unit for pre-discharge planning. A number of unit employees from all disciplines have gone on trips and attended meetings for the area staff and to boarding homes which serve our area.

The unit dietician talks with the patients and their families whenever a patient goes on a pass or is to be discharged regarding that patient's diet and special menus.

The unit social workers have participated in the development of a memorandum of agreement with each of the mental health centers in the Pee Dee area, which outlines the mutual expectations between the unit and the various centers and clinics required by departmental policy. The unit social workers have been developing an intensive family

treatment program, in cooperation with the various communities, to bring about a better family involvement.

D. Securing places in the community in which patients without families might stay after release from the hospital: Our aftercare social services has continued to work with five (5) boarding homes used by our unit for placement of patients. Two (2) homes were recently discontinued. One boarding home was expanded from forty-six (46) beds to ninety beds. Another large forty-four (44) bed facility has been established and is working very closely with the Unit IV Aftercare Coordinator. Another boarding facility just outside the Pee Dee area will soon be a source of placement for some of our patients.

Also, we are continuing to work very closely with C.O.I.L. Project to provide training for patients in coping with community problems that they may face upon release from the hospital.

E. Establishing training programs for Unit IV personnel: Unit IV physicians have continued to have a Physicians In-Service Education twice a month, in which the emphasis is on current journal articles or current psychiatric educational tapes.

An in-service education meeting where unit food service personnel and the unit dietician attend is held monthly.

Almost all social work service staff members have participated in one or more training programs directly related to their work.

In addition, the regular weekly sessions on Wednesday afternoons have been used for administration and in-service for social work service staff. Again, social service in Unit IV has continued to serve as a field instruction site for the training of graduate social workers attending the South Carolina State College.

With the addition to the unit's nursing staff in Unit IV of a program nurse specialist I, who serves as coordinator of the unit's program and continuing education for nursing personnel in Unit IV, continuing education has been provided for all unit nursing personnel.

Also, many nursing personnel in our unit attended staff development courses, (i.e., Self Defense, C.P.R., Orff Schulwerk Psychophysiological Therapy Workshops, Venipuncture, Introduction to Alderian Psychology, etc.).

The Activity Therapy Department in Unit IV held their own in-service for the entire unit, as well as attending and sponsoring many in-services, seminars, workshops and meetings, (i.e., Physical Therapy Techniques, Manual Communications, SCOTA meetings, Silk Screening, Behavior Modification, Levels Program, Statistics, Censory Integration Workshops, etc.).

The unit psychology director and a doctoral candidate in our psychol-

ogy department in the unit meet weekly on an individual basis with other unit psychologists for professional development training. Psychologists in Unit IV have been encouraged to avail themselves of the training courses offered by the Staff Development section and all have done so extensively during this fiscal year.

F. Improvement of environment for patients: Activity therapy had bulletin board put on each ward in the unit and in the halls of each building. Central air-conditioning and heating has been installed. Renovations were completed last year to the unit, which greatly contributed to a better living environment for our patients. Such improvements were an addition of new paintings on the wards and lobbies, lowering ceilings and having new lighting systems installed on the wards and offices, partitions made to divide the dormitories for patients so that they might have more privacy, new lockers and locks and keys for each patient, new curtains on the wards, wards were painted, new plants and new dayroom furniture added to the wards. Also, all grill doors were removed. Washers and dryers for the wards were obtained, and activity therapy has established a pilot good grooming project. Unit barbers and beauticians now supply the wards with toilet articles and supplies for good grooming.

Activity Therapy acquired much needed equipment for the patients (i.e., record player, two pool tables, stereo recorder, cassette player, air hockey game, bumper pool table, ping pong table, etc.).

Unit IV patients again established their own vegetable garden behind Saunders Building.

Unit IV is the only unit with its own greenhouse. Patients from Unit IV have become very enthusiastic about this particular project.

G. Establishing more effective harmony between the various disciplines so that their energies will not be dissipated by interdisciplinary clashes: Each week the physicians and nurses have a conference of what has taken place over the weekends within the unit.

The physicians continue to meet twice a month for in-service education and discussions. Activity therapy for Unit IV meets once a week with their discipline, as does the unit psychology department. The meeting for all unit personnel is still held twice a month. Unit IV key personnel meets once a week for a meeting, and also meet once a week to go on grand rounds of the unit. There is a monthly nursing meeting, as well as three separate meetings where the director of Unit IV nursing meets with ward clerks, and employees of nursing.

H. Addition of new personnel to the Unit: We presently have nine (9) psychology personnel, five (5) physicians, (one of these physicians

came to the unit on July 1, 1977), one (1) clinical dietician has joined our staff, nine (9) social workers, one (1) chaplain and one (1) chaplain trainee, three (3) vocational rehabilitation counselors, six (6) activity therapy counselors, (including new to the unit one occupational therapist and one music therapist), one (1) barber and one (1) cosmetologist, one hundred twenty-three (123) nursing personnel in Unit IV, including eleven (11) RN's, five (5) LPN's, and a new nursing clerk typist.

Future Goals of Unit IV:

A. Establishing treatment programs: Activity Therapy would like to develop the hortitherapy program and utilize the unit greenhouse to the fullest; to develop the cosmetology and barber program in Unit IV; to establish another Occupational Therapy Clinic; to establish another music therapy clinic; to develop a comprehensive "Activities of Daily Living" program; psychology would like to try to complete psychological evaluations on all long term patients so that every patient in the unit will have one in their folder; psychology will continue to develop treatment procedures using dynamic and behavior modification techniques; the clinical dietician would like to make time for a modified diet patients group; to develop an intensive family therapy treatment program; to plan to reinforce the Levels Program in the unit through more concentrated nursing involvement; nursing would like to teach patients basic skills; nursing would like to establish appropriate social behavior for the chronic long term patients; to establish small classes in reading and writing for group learning and provide instructions on a one on one basis; chaplaincy wishes to begin more community preparation groups with psychology personnel.

B. Establishing relations with the counties which service Unit IV: Social services would like to learn more about the reasons for readmissions; to get all social workers more involved in working with patients families; to develop a more intensive family treatment program to bring total family involvement into working with as many patients as possible.

C. Securing places in the community that the patients without families might stay after release from the hospital: To develop another boarding home facility just outside the Pee Dee Area; to develop more and better boarding home placements; to have an additional social worker who could devote at least half of his time working with the families in the community; to acquire an addition to the travel budget to enable more social workers to get out to the families in the communities.

D. Establishing training programs for Unit IV personnel: To have psychology in Unit IV in-service training sessions on a unit-wide basis; to establish more in-service and staff development for social workers on a

regular basis; to provide educational programs in specialized areas of psychiatric nursing to all nursing personnel to provide quality patient care continuity; to offer each nurse educational opportunities that will give the CEU's to meet nursing standards; to involve each employee with formal continuing education at least every six months.

E. Reduction of census in the Unit: To place more chronic patients outside the hospital.

F. Improvement of environment for patients: Provide fitted sheets to make beds more neatly; have paved ramps from buildings to laundry area; to develop the court yard areas within the building; have paved parking area and beautification of visitors entrance to Ward 180; to have Ward 186 fenced in area enlarged; to improve the barber and beauty shop environments; to provide a more pleasant homelike atmosphere with a maximum of privacy for the patients; paved walkways between the buildings; installation of pay phone on Ward 188.

G. Establishing more effective harmony between the various disciplines: If funds become available, nursing personnel would like to have more workshops and seminars within the unit.

H. Improvement and establishment of office space and environment for personnel: A lounge area for visitors and employees with vending machines for hot food and sandwiches; office space requested for unit dietician on the unit; Active Therapy needs to obtain space for another occupational therapy clinic; Activity Therapy needs to find office space for art therapy groups.

I. New positions required for more effective treatment of patients: Social services needs one social worker to work full time in the community; Social services needs one social worker to work half time working with the families and the other half in the hospital; activity therapy needs another music therapist; activity therapy needs two recreational therapists; activity therapy needs to obtain a recreational therapist II position; nursing requests nine (9) R.N.'s and thirty-two (32) LPN's in order for medications to be administered by licensed personnel only; psychology needs more psychologists so that the present staff is not overextended; need a fulltime student chaplain trainee to assist the unit chaplain.

CHILD-ADOLESCENT UNIT

"Change" is probably the best word to characterize the last year of the Intensive Child-Adolescent Hospital Community Care Program.

Primarily change has occurred in three different areas: the physical plant, the services rendered, and the staff. Many of these changes have been made in relation to the two hallmark events of the past year for

Blanding. In September, 1976, the program was inspected and received a two-year accreditation by the Joint Commission of Accreditation of Hospitals. In June, 1977, final approval was received of the proposed evaluation unit under the auspices of the H.I.P. (Hospital Improvement Program) grant.

Several changes in the physical plant of Blanding have been in response to accreditation recommendations and to implementation of the evaluation unit. One quadrant of the dormitory on both Wards 150 and 152 has been divided by partitions in order to afford the incoming residents more privacy. A separate office has been built to create a place for speech and hearing evaluation, and for speech therapy on a regular basis. One office has been converted to a room for group therapy and for family interviews. One room formerly used as a ward restriction area on Ward 150 has become a day area for the admission males. In addition to these changes, the entire building has been painted.

Many of the changes in services have resulted from the creation of the evaluation unit in Blanding. First, the unit allows for more in-depth diagnostics for residents sent to the hospital for 15-days or less. Second, the unit has allowed Blanding to house acting-out adolescents without major disruption of the on-going treatment milieu. Services have improved in the creation of two types of group therapy and an increase in the treatment of the multiply handicapped child. Additionally, the staff at Blanding have responded to the dictates of Public Law 94-142, concerning the education of the handicapped child. This has led to more staff time in meetings and routine paperwork.

BYRNES CLINICAL CENTER

The desires and objectives of the Medical-Surgical Staff and Personnel in its entirety, is to pursue a continuous and consistent effort to improve our out-patient, in-patient treatment center in regards to treatment and care of each patient with real accountability and also to improve our performance as much as possible day in and day out.

The Medical-Surgical Service was surveyed last February by J.C.A.H. for our accreditation status. We were granted a one (1) year period of accreditation on a conditional status. The condition being that we improve our deficiencies and report to J.C.A.H. within a 90 day period. This we are and have been correcting as much as possible. Our Superintendent, Dr. Karl V. Daskocil, will report in the near future to J.C.A.H. in regard to our compliance with their recommendations. Quite a number of these deficiencies were corrected on the spot when we were surveyed and a considerable number of them have been corrected since our survey. The remaining needs are being continually

sought out with the objective of complying with these, as best and as much as possible. We will anticipate being surveyed again by J.C.A.H. in the first half of 1978.

The operation of our Medical-Surgical Service was improved somewhat the first of this year when we were able to transfer our acute TB patients to State Park Health Center for further care. Hereafter, when we have a positive culture and diagnosis of acute tuberculosis the patient will be transferred to State Park Health Center for further care and disposition. Our patients admitted to Byrnes Clinical Center for differential diagnosis and/or diagnosis of acute tuberculosis will be isolated on ward 328 until the disease is ruled in or ruled out and disposed of accordingly. By being able to remove the tuberculosis patients from 528 West, we have been able to greatly enhance our observation, cooperation and treatment from both the patients and the personnel on ward 528. The partition in the hall has been completely removed. The total ward 528 now is being used for general skilled and intermediary nursing care patients with medical supervision.

Also, in regard to changing patient load and patient status, wards 138 and ward 140, Wilson Building which have previously been under Medical-Surgical Service during the past year were transferred to Psychiatry Service and are under complete surveillance and care of the Psychiatry Staff, South Carolina State Hospital.

We have a great need in the Medical-Surgical Service for an intensive care unit in regard to special care for acute cardio-respiratory conditions. We have improved our Respiratory Therapy with a Staff R.N. who is a Registered Respiratory Therapist. However, this does not adequately take care of the needs mentioned completely. We also need an Emergency Room equipped and staffed to take care of the increasing number of patients and employees that are seen here in increasing numbers year by year. Our Nursing Service on ward 228, Byrnes Clinic, has quite a handicap that detracts and removes key personnel from the Surgical Service in order to take care of Emergency Room and Recovery Room and General Acute Treatment problems. Our Emergency Room Service volume for employees is tremendous as well as for patients.

Our Operating Room procedures and numbers are reasonably stable. I feel that we have obtained good performance and good accountability in regards to our total operations in the department of Surgery.

We have several new items of equipment purchased and installed and in use, mainly a surgery list, and monitor data with print out. Our orthopedic surgery continues to be performed by Orthopedic Residents from Richland Memorial Hospital in cooperation with Moore Orthopedic Clinic. Ophthalmology Surgery has been performed in the past bi-annually by ophthalmology residents from the Medical University of South Carolina.

Our dental department appears to have adequate personnel and adequate equipment, and does a good job in taking care of our dental requirements.

Our laboratory always seems to do a tremendous job and shows about an 8 percent increase over last year's laboratory procedures. We have seen several of our objectives develop into good constructive programs, and quality control programs have become well established in all sections of laboratory. The preventive maintenance program used throughout the hospital is par-excellence. Our safety program is good, but, of course is a continual process of improving. The laboratory personnel shows appreciation of the positive and conducive atmosphere the administration has had towards hospital and staff improvements.

The X-Ray Department of Byrnes Clinical Center continues to show excellent and high production. During the past fiscal year, one radiologist resigned, but two have been added to the staff of radiologists. Safety precautions have been added, and also some new equipment including a new EKG machine. All our technologists are participants in staff development programs with two delegates to the State Convention this year.

The South Carolina State Hospital Pharmacy has again seemed to have its usual good year with excellent performance under usual heavy work load of daily requisitions. It appears that this service does a continual job of good performance. The prescription work is well done as well as excellent safety controls. There have been a few personnel replacements during the past year.

The Central Supply Facility and out-patient clinics have operated during the past fiscal year continually handicapped by shortage of personnel. Personnel has been so short that personnel on the wards must be pulled in order to cover out-patient clinics and/or employee clinics, resulting in poor clinic coverage and maintenance and a definite demoralizing effect on the personnel involved. Our Central Supply Room has acquired additional shelving and with additional supplies including permanent supplies, especially intermittent suction apparatus and also respiratory function equipment and deep breathing apparatus. The water stills are not operational but currently our purchasing department is planning to meet the hospital needs outside. The Purchasing Department is investigating the cost involved in purchasing new stills.

Our continuing education in the Medical-Surgical Department has been quite active with excellent production and excellent accountability. This program is no doubt a real asset to the Medical-Surgical Program in assisting all personnel in improving their performance in their respective nursing capacities.

The Medical-Surgical Nursing Supervisor continues to do quite a commendable job in carrying out an effective nursing program for the

care and safety of our patients. However, she continually fights handicaps of having continuous shortage of nursing personnel in all categories. In fact, the personnel shortage is so acute at times, that it is almost an impossibility to get the necessary job done in reference to patient care. The Nursing Service does an excellent job considering the number of personnel doing the job required and doing a job well done.

Our prisoner patients have been on the increase, both out-patient clinics and in-patient care patients. The Byrnes Clinic still does not have a social worker, but social workers of the various units inquire and cooperate and are more available to care for our social needs of patients.

A coordinator has been appointed for the Infections and Control Committee and has been writing procedures and policy. She has done reviews and follow-up of patients' records regarding infections and in other words, she has taken complete control of the infection control program, including planning and educational material; and by increasing her knowledge by visiting other hospitals in preparation for better performance and infection control.

We have had several improvements and changes made in our Physical Plant, Byrnes Clinic, during the past fiscal year, especially changes made toward compliance with J.C.A.H. recommendations. Also, better performance in our old air-conditioning system including a new system installed on top of Byrnes Clinic to supplement our cooling, especially referable to floors four and five. This we have needed for a long time. We appreciate this new equipment. It makes for better living conditions for patients and personnel.

In regards to personnel vacancies, we certainly need a Physical Therapist as well as a Podiatrist and a Social Worker for Medical-Surgical as well as all categories of Nursing Personnel. Our nursing personnel are continually attending workshops and in-service training and post-graduate training in order to improve our patient care with real accountability. This is also true of our physicians.

During the year, the Byrnes Clinical Center was implemented for P.S.R.O. Review. This went into effect on September 6, 1976, and it provides a uniform basis for professional review of the institutional care paid for under the Medicare and Medicaid Programs. It is made up of three basic review functions: Admission Review Certification; Continued Stay Review; Medicare Evaluation Studies.

By being under P.S.R.O., our physicians have become more cognitive of documentation thus enabling our records to be of better quality. In recent communications with the P.S.R.O. Representatives, it was the consensus of opinion that this facility would benefit more if the delegation status was changed from that of being totally delegated to either partial or non-delegated status.

We appreciate the excellent cooperation of all supportive assistance and especially from our Hospital Supply Department, and Administrative Services and others inside and outside our Medical-Surgical Unit.

PATHOLOGY SERVICE

In the last fiscal year the total number of laboratory procedures shows an approximate 8% increase over last year's figure. The resident and admission patient volume is approximately the same as it was for 1975-1976 physical year. Over the last several years, this volume has fluctuated, but now seems to be stabilizing.

Quality control programs have become well established in all sections of the laboratory. The Preventive Maintenance Program used throughout the hospital, of which we are a part, is the finest that we have seen anywhere. The Safety Program is a continuing process that is now covering all areas of the laboratory.

At the end of last year we were hopeful of obtaining automated electrolyte (Na, K, Cl, CO₂) equipment in order to keep up with the increasing demand. We have since had this equipment installed and are very pleased with its results. At the present time our microscopes are approximately 15 years old and will be replaced in the near future.

We are in the process of setting up Kinetic enzymes, which have been shown by different studies to be more accurate and more specific. We hope to be able to offer a good diversity of this type methodology in the coming year.

In summary, we feel that the laboratory has had a good year and we are aware and most appreciative of the positive and conducive atmosphere the Administration has had toward hospital and staff improvement.

CRAFTS-FARROW STATE HOSPITAL

SUPERINTENDENT'S REPORT

Hospital wide intensive and specialized treatment programs were severely handicapped by shortage of personnel due to budget cuts or freeze on positions. Plans to increase staff to meet our treatment goals and to meet accreditation and Medicaid standards have been delayed by budget requirements.

Discharges from the hospital decreased considerably from the past two years due to curtailed programs and inability to place patients in alternate care situations. Hospital census was reduced by only 52 compared to the previous year of 210.

Continuing efforts are being made to correct deficiencies in safety and to provide better living conditions for patients. Electrical upgrading in

some of the older buildings provides better lighting, washers and dryers and some air conditioned work spaces — approximately 350 patients are housed in two story, non-air conditioned, inadequate buildings. Other buildings remain overcrowded although this has been improved. The construction of a 300 bed ICF type building would relieve this situation. The old buildings (8-10-11-12) are not suitable for renovating for patient care. They could be utilized to provide much needed workshops, classrooms, storage and Inservice Education.

A much needed laundry sorting, linen and supply building was near completion. A small ward building was closed for patient care and renovated for a Volunteer Services Center. It also contains a clothing store and classroom-auditorium.

Office space and activity areas in many buildings remains inadequate. Rest areas and locker space for employees is inadequate in most buildings.

The present admission law handicapped our treatment of patients and was costly by requiring Nursing Service and Transportation personnel to be away from the hospital escorting patients.

The Personnel Representative (Employee Relations Service) has provided leadership in prevention and management of employee problems. The number of grievance procedures filed was reduced by 50% over the previous year.

The Medical Audit section continues to provide information for improved medical records and patient care.

A Federal grant provided us with funds and personnel to study and evaluate the geropsychiatric patient and to develop or improve treatment methods.

At the last accreditation survey (Oct. 1975), the hospital received full two-year accreditation. The survey team indicated that future accreditation would require better patient-staff ratios, reduction of overcrowding, adequate work space for personnel and improvements in safety. Some improvements have been made but we remain short of our goals.

MEDICAL AUDIT

The Medical Audit Section, with a staff of three, continues to monitor all new admissions through a process of concurrent review. All records are checked, within twenty-four hours, for justification for admission according to established criteria. A length of stay, in accordance with regional norms, is assigned and follow-up reviews are done to assure documentation for necessity of continued stay, plan of treatment, discharge planning, and quality of care.

Retrospective review is done in compliance with requirements in the form of Medical Care Evaluation Studies. At present, we are required to

complete four studies per year with one in progress at all times. Results of studies identify problem areas which are presented to the Medical Audit and Peer Review Committee for action and follow-up. General findings and specific recommendations are reported to the Executive Committee Chairman, Chief of the Medical Staff, Administrator, Department Chairman, Nursing Service Director, and the Governing Body.

In September 1976, we received full delegation from the South Carolina Medical Care Foundation to comply with the requirements of the Professional Standards Review Organization (PSRO) for review at McLendon Clinical Center. We have been actively involved with PSRO since this time.

PERSONNEL SERVICES AND EMPLOYEE RELATIONS

During its fifth year of operation, this office continued general counseling of employees with problems of all types; aiding in completion of paperwork pertaining to membership in State or Departmental organizations, benefits, or plans; handling of employee grievances; aiding supervisors with interpreting Departmental policies; offering classes to supervisory personnel in understanding the performance evaluation forms and procedures; and in general offering assistance to employees whenever needed. Involvement of this office in publication of the Facility Newsletter as well as other informational media (such as Weekly Bulletin, The Report, and compilation of the Department's Annual Report) is also of major importance. Various drives have also been handled out of this office (United Way, Heart Fund, Multiple Sclerosis, Bloodmobile, Cancer, Easter Seal, Savings Bonds, Mid-Carolina Mental Health Association Membership drives and SCSEA membership drives). The facility orientation class for new employees gives new staff members information pertaining to their benefits, the hospital structure in general, understanding of their pay check stubs, a discussion of the performance evaluation and probationary period, and general knowledge of where to go to get answers to their questions as they might arise. Close contact with all Department and Service Heads is maintained in order to help ascertain personnel requirements and locate areas where reclassification may be feasible. Other activities included working toward implementation of equal employment practices within the Facility, coordinating English-Second-Language classes for foreign employees, collecting material for a hospital brochure, and coordinating various employee functions such as retirement parties.

Major employee complaints involved disagreements with their supervisors or with the regulations concerning their time and attendance. Much dissatisfaction was expressed as a result of the discon-

tinuance of merit increases and especially as a result of inequities which arose due to changing regulations concerning increases due in connection with reclassifications and promotions. Since a portion of the year was governed by regulations not allowing monetary increases when an employee moved upwards due to reclassification of his position, while at another point such reclassification increases were reinstated, the result was that many employees "promoted" prior to others are making less money than the ones reclassified later. These complaints reach this office but cannot be resolved satisfactorily due to the policy decisions (based on State funds limitations) which caused the regulations to change.

VOLUNTEER SERVICES DIVISION

The dream of a Volunteer Center at Crafts-Farrow became a reality when use of Building 5 by volunteers and patients began in August 1976. A mini-grant to help fund the project — "Volunteers — One Bridge Between the Institution and the Community Setting" was received from ACTION. In November, the Volunteer Services Office moved into the Center, allowing better supervision of volunteers and more space for Volunteer Services to grow.

Further use of the Center involved more renovations, moving the Clothing Shop into one wing of the building, and near completion of an assembly room for orientation of volunteers and other hospital functions.

Hundreds of trips into the community for various activities and learning experiences were made by patients, accompanied by volunteers. Emphasis was to familiarize patients with life outside the institution.

The Center itself provided a homelike atmosphere for social and discussion groups, cooking, parties, games, crafts, newsletter, gardening, and musical activities.

The project goal of 50 volunteers and 100 patients was achieved and surpassed. The year was a valuable one bringing new ideas and a wider scope in the use of volunteers.

ADMISSION-EXIT SERVICE

The Admission-Exit Service has continued its primary function of evaluating, diagnosing and treating newly admitted patients and arranging for post-hospitalization aftercare treatment. During the past fiscal year 851 patients have been treated in the Admission Program. There has been a continued refinement of the three level treatment system based upon the individual needs of the patient. The physician coverage has been increased to the current four physicians assigned full-time to

the Admission-Exit Service with six physicians working part-time in the Admission Program.

ADMISSIONS PROGRAM — BUILDING NO. 1

The Admissions Program, Building #1, receives all newly admitted patients and its functions include consultation, investigation, assessment and diagnosis, treatment, and placement. The elderly patient, often with multiple physical and social pathologies, may have to be investigated in many different directions before rehabilitative therapies can be of significant benefit. Intensive medical, social, and psychological data are gathered to aid in assessing the level of treatment most suitable for each individual, then patients are promptly assigned to one of three levels.

During the fiscal year 1976-1977, 863 patients were received and treated in the Admissions Program. Of this number 386 were able to return to their communities after treatment in the Admissions Program, while 477 patients required additional treatment.

In 1977 a federal grant was awarded for the Admissions Program providing for a multi-disciplinary Geropsychiatric Specialty Team. In January, 1977 the team was formed and began their task of increasing the behavioral and psychological aspects of treatment so that behavior problems can be identified, pinpointed and treated on an inpatient basis, thereby reducing the readmission rate to the institution. The Geropsychiatric Specialty Team is also charged with making specific recommendations relative to innovations in the methods and procedures in the admissions process. Another important part of the team's function is to work closely with families, mental health centers, aftercare programs, and other community resources relative to follow-up and community based treatment.

There is a need for continuing education in the field of gerontology for all direct treatment personnel at Crafts-Farrow State Hospital and a major function of the Geropsychiatric Specialty Team is to recommend and provide such training. The establishment of a Geropsychiatric Specialty Team is phase two of the hospital's development toward its goal of becoming a Geropsychiatric Specialty Center.

OPERATION EXIT PROGRAM — BUILDING NO. 6

Since the inception of the program in April, 1974, 361 institutionalized individuals have been admitted to the program with 200 returned to the community as of July 1, 1977.

The primary objective of the program is to provide preparation for return to the community. This program serves both long term in-

stitutionalized and recently admitted individuals. A treatment period ranging from six months to one year involves activities designed for the enhancement of the residents' self-concept, attitudes, work habits, family involvement and a desire to live independently as related to their individual capabilities. Resources utilized for placement within the community include home, halfway houses, boarding homes, intermediate care facility, nursing homes, etc.

The program evolves around the Problem Oriented Record System which serves as an index to indentifying, detailing, and updating the emotional, medical, and social problems of the individual program participant. The advantages of such a record system are that the treatment needs of the residents are specified by the problem list with individualized plans and objectives derived for each problem and individual staff responsibility is assigned for carrying out the details of the plans so that each staff member is explicitly aware of his and other's treatment duties, which results in a more integrated team approach. Individual cases are discussed monthly in multi-disciplinary treatment team meetings, at which time plans are revised, new problem areas identified, and successful resolution of problems recorded.

Several activities are designed to meet the needs of specific group levels. Group I residents participate in sensory retraining and resocialization groups to develop and accelerate basic skills. This group also has the greatest emphasis placed upon grooming and personal hygiene. A Token Economy System is used with Group I as an additional motivation for initial program involvement. Group II emphasis is placed upon improving interpersonal and self-care skills through such activities as Home Care Skills Workshop, COIL, and the Friendship Center. Vocational Rehabilitation also works closely with Group II helping many find employment within the hospital. Group III emphasis is to aid in carrying one's enhanced skills back into the community through pre-release groups, current event groups, and counseling about medication with many residents being given the responsibility for taking their own medicines. Certain activities are designed to deal with select problem areas. These activities include relaxation therapy, adult education, a group for individuals with a history of alcohol abuse, nutrition class for diabetic and obese individuals, and individual psychotherapy.

Between July 1, 1976 and June 30, 1977, there was a total of one hundred admissions to the Operation Exit Program, with a total of sixty-three discharges and sixteen transfers, with fifty-four residents remaining in the program after June 30, 1977.

HOSPITAL IMPROVEMENT PROGRAM I, BUILDING NO. 7

This program was originally designed for the purpose of developing newer and more effective methods for the remotivation and resocialization of the long-term chronic patient in preparation for return to the community system. It is an Exit Program, the first phase of which began in July, 1965 under an HEW Grant and continued under this grant until July, 1971.

Since the beginning of phase two in July, 1971, certain changes in the program have been adopted to meet the ever-changing needs of the patient and to maintain a comprehensive, consistent, therapeutic, goal-oriented program. The Step Incentive System, group treatment concept and motivational therapy systems continue to be the corner stones of the program. The present emphasis in the program is on the particular needs of the residential care patient. The primary goal of the over-all program continues to be the eventual return of the patients to their families or suitable approved nursing home facilities.

Since the program no longer has a coordinator, a physician is now directing all phases of the program. Additional staff consists of nine Mental Health Specialists; a Social Worker; a Psychologist; two Clinical Counselors; one Chaplain; two Vocational Rehabilitation Counselors; a Recreational Therapist; a Music Therapist (part time); a Home Economist (part time); and a Secretary-Stenographer. Two groups of volunteers are assigned to the program and visit the building on a regular schedule each week.

The program has a total bed capacity of 60, equally distributed in four wards, two on each of the two floors of the building. At the present time the census is 44. Admissions for the year totaled 24 giving a monthly average of two. The total discharges averaged one per month with a total of 13.

During the year, the program lost one Social Worker, leaving but one to carry a heavy over-load of responsibility and duties. A replacement is needed in order to adequately meet the needs of the program. Social Service in this program focuses on providing services to a patient's family and community involvement with the primary concentration on the family of the patient.

HIP I future plans continue to be the provision of the best possible treatment for long term chronic patients who need a continued, well organized therapeutic regimen in which every available and effective approach is utilized to rehabilitate them to the point where they successfully leave the hospital.

RESIDENT CARE SERVICE

The Resident Care Service comprises the largest majority of patients under treatment at Crafts-Farrow State Hospital with a total of 1,186 patients at the end of the fiscal year of 1976-1977. These patients are primarily geriatric and chronic mentally ill individuals most of whom have been hospitalized for many years. The basic function of the Service continues to be the provision of a wide range of coordinated active treatment programs designed to meet the varying therapeutic needs of these residents. Our programs are of course limited by our presently overcrowded facilities which have resulted from the unavoidable closing of several of our older buildings. We have, however, continued to provide separate buildings for each category of patient with doctors, nurses, social workers, psychologists and other mental health professionals assigned to each building.

During the past fiscal year there has been a sizeable increase in the number of patients discharged to their families and community facilities, as well as to suitable and approved nursing care facilities, boarding homes, and other alternate care facilities throughout the state. This has been made possible by the considerable increase in the number of personnel and facilities of the hospital Social Service Department. We now have access to a current list of vacancies in the above-mentioned alternate care facilities in order that these vacancies may be utilized immediately. Every effort is made to ensure that these facilities are suitable to the individual needs of the patient and that the patients are carefully selected to adequately meet the behavior patterns necessary for an adequate and successful adjustment to the particular requirements of a reasonable and satisfactory adaptation to that particular placement. Where it is possible every effort is made to place them in approved facilities as close to their home communities and families as possible. Prior to their placement, the plans are discussed with the patients' immediate families.

In addition to the expansion of the Social Service Department, there has been an increase in number of physicians, psychologists and ward treatment specialists during the fiscal year. The increase in professional resources during the past year has resulted in a definite increase in the utilization of all approved alternate facilities as well as an increased degree of overall effective adjustment of those patients placed in these facilities and consequently a very marked decrease in their readmission rate to this hospital.

MENTAL RETARDATION PROGRAM — BUILDING NO. 8 "PROJECT INDEPENDENCE"

"Project Independence," a program designed to rehabilitate and de-institutionalize the mentally handicapped residents at Crafts-Farrow State Hospital, has been in existence since August, 1974. Approximately 250 residents at CFSH have a primary diagnosis of Mental Retardation. Currently 85 of these are participants in "Project Independence." Many of the mentally handicapped residents admitted to the program during the past three years had been institutionalized for up to fifty years without specialized treatment.

A training program was instituted to acquaint the ward aides and nursing personnel with the various aspects of the care and therapy of the mentally retarded. All personnel have received instruction in Behavior Modification principles and techniques and in Problem Oriented Record keeping. A treatment team approach and individualized treatment and management of residents were emphasized.

Due to wide range intellectual ability and function among the participants in the program, residents are divided into three levels, so that each resident may receive a treatment program geared to his level of performance and degree of retardation. Basic training programs at each level include grooming, table manners, resocialization skills, crafts, music therapy, and recreation. The special education teacher provides individual and classroom programs emphasizing early and intermediate self-help skills, reading, writing, and basic numerical and monetary concepts. The speech pathologist conducts individual and group therapy, for residents having speech, hearing, or language disorders. In July, 1976, aside from the present physician, a psychiatrist was added to the program to reorganize the program activities. Social Service Reports show that forty-eight mentally handicapped residents have been de-institutionalized since the initiation of "Project Independence."

All residents in the program were re-assessed using the Utah Language Test of Development and were grouped. The activities were tailored to the resident's age group. A Behavior Modification Program has now been implemented on all residents in the program.

Peer Review between Buildings #6 and #8 began in July, 1977. Additional activities are being planned for the p.m. shift and on weekends centering around socialization, relaxation and religious studies, both on campus and in the community. Future plans, if approved, will be outings, camping trips, etc.

MEDICAL-SURGICAL SERVICE

The Medical-Surgical Service located in the McLendon Clinical Center cares for acute medical and surgical illness occurring among Crafts-Farrow State Hospital patients. It also is responsible for care of those patients located in Buildings 14 and 16 of Crafts-Farrow State Hospital. Patients who are returned from Byrnes Clinical Center to Crafts-Farrow State Hospital enter either Ward 108 or 110 of Building 14, depending upon whether they are male or female and are retained there during convalescence before returning to their previous locale in Crafts-Farrow State Hospital for psychiatric treatment. Patients assigned to Building 16, Ward 130 or 131 are females who are physically ill psychiatric cases not likely to improve to a status where they could be discharged from the hospital.

McLendon Clinical Center patients, both male and female, are composed of a broad category of chronically ill psychotic patients who experience acute exacerbations of chronic disease of acute intercurrent illness requiring special medical management. At times patients from Morris Village are sent to McLendon Clinical Center for the purpose of providing special diagnostic and/or medical care.

Physical Therapy Department

The Physical Therapy Department provides treatment for both restorative and maintenance purposes for patients and employees in the McLendon Clinical Center, Crafts-Farrow State Hospital and for residents of Morris Village.

Equipment is being maintained in good working order. We have replaced an outdated Short-wave Diathermy with the Magnatherm, a pulsed modulated high frequency Short-wave Diathermy. We have also acquired a "Spot" (Cold Quartz Ultra Violet Lamp), and a Sichau Training Orthosis and a Safety Walking Belt to assist in gait training of patients with a weak lower extremity. Some units will need replacement due to obsolescence and normal wear and tear.

The workload has continued to increase this past year. A total of 607 patients has received a total of 29,144 treatments.

Personnel providing these services consist of a Therapist, a Masseuse, and a Masseur.

The addition of a new employee to our staff will greatly enhance the security and safety of our patients and will relieve some of the strain on our staff.

Dental Service

The tabulations of the accomplishments of the Dental Section of Crafts-Farrow State Hospital for fiscal year of 1977 demonstrate a reduc-

tion in the emergency type of treatment and a gradual increase in the more definitive care of the patients.

The workload for the Dental Section has remained constant for the past year. The recording of a Panorex X-ray film for all patients has been accomplished. A workable recall system for patients is now well established and is being improved daily. Preventive Dentistry is one of the main endeavors of treatment at the present time.

Two new dental operating chairs, and two new dental units have been installed. It is recommended that two X-ray heads be incorporated into the present Panorex control system to completely modernize the two operatories.

The professional staff remains the same: one full time dentist; one dentist half-time; one full time dental hygienist; and one full time dental assistant. Due to increased patient loads, and ambitious efforts toward complete definitive treatment for all patients, the administrative workload should be assigned to a receptionist clerk typist.

Radiology and Electrocardiograph Service

The workload continues to increase for the Radiology and Electrocardiograph Service. There was an increase of 1,400 exposures for the Radiology Service, and an increase of 253 Electrocardiograph tracings.

The Pitts Radiological Associates have added two new radiologists to their staff, so we now have eight radiologists providing us excellent coverage.

There are four technical positions authorized: one x-ray supervisor and three technologists. This is adequate for our present workload. Should the G. Werber Bryan Psychiatric Hospital cause any significant increase in our workload, an additional technologist position should be considered.

The Radiological and Electrocardiograph equipment remains in very good condition even though repairs cost \$11,456.96 this year. The age of the units and the general wear and tear must be considered. The film processor was overhauled at a cost of \$3,000.00 to extend its life expectancy two more year. The remaining \$8,456.96 was spent on repairs to the x-ray unit in room number one.

The Department of Health and Environmental Control has passed a ruling that all new x-ray units be certified after September 1979. Any existing x-ray units that become inoperable after that date must be either repaired with certified parts or replaced with a certified unit. X-ray units ten years old and older will not be eligible for repair. Budgetary consideration should be given to this area, since replacement of present units could exceed \$325,000.00.

Expendable supplies for the Radiology Service cost \$11,456.96 and expendable supplies for Electrocardiograms were \$1,495.65.

Laboratory

The present Laboratory Staff consists of one Laboratory Technologist I, two Laboratory Technician III's and one Laboratory Assistant I.

New equipment purchased during this past fiscal year consisted of:

1. Coulter Hemoglobinometer
2. Beckman C1/CO₂ Analyzer
3. Beckman KLiNa Flame Photometer
4. Hycel HMA-1600 Analyzer

Total tests performed for Crafts-Farrow State Hospital = 106,533.

Total tests performed for Morris Village = 41,288.

Grand total of Laboratory tests performed during this fiscal year = 147,821.

Percentage increase of work over last fiscal year:

Crafts-Farrow State Hospital	10% (Approx.)
Morris Village	25% (Approx.)

ACTIVITY THERAPIES DIVISION

The Activity Therapies Service continued to provide a wide range of therapeutic activities primarily in the areas of recreation, music, occupational and library therapy. In addition to these regularly scheduled daily activities, a program of inviting cultural and entertaining groups from the community was implemented thereby providing patients with opportunities of enjoying concerts, bands, play drama groups and other forms of community entertainment.

The Recreation Therapy Section scheduled on a daily basis a wide range of recreational activities and encouraged the full participation of as many patients who were able to participate as possible. The Ward Recreation Therapy program which had been initiated in 1975 made available therapeutic recreation on a full schedule in the closed wards as well as some of the open ones. Two staff members continued shopping for and/or with patients who have Medicaid funds available; in addition to using these funds to shop for patients who may not be able to leave the hospital, this shopping program provides a means for other patients to be taken on shopping trips which allow retraining in shopping procedures (selecting articles, making change, and other socialization processes). An opportunity was afforded patients who like to raise vegetables to grow their produce on a plot of ground within walking distance of the ward buildings.

In the Music Therapy Program, emphasis was placed on ward visits using music as a stimulus with the view of encouraging as many patients as possible to participate in these therapeutic programs. Choir members were trained and both individual and group music instruction were given to those interested patients. Individual music therapy was increased.

Ward visitation was also expanded in the Library Therapy Section and as was the custom for several years, a program for the deaf and blind patients was provided with full participation for those patients. Many valuable additions to the medical library have continued to be received. The hospital staff as well as the patients made full use of the Library and its facilities.

The Occupational Therapy Workshops under the supervision of three Certified Occupational Therapy Assistants and one O.T. assistant continued to work with many patients. Many workshops, meetings, and other training instruction were attended throughout the year.

CHAPLAINCY DIVISION

Pastoral services were provided by a staff composed of four full time chaplains, one part time Catholic priest, a Rabbi on call, and four part time retired community clergymen. A total of 825 worship and ward devotional services was held. Interviews were conducted with 987 newly admitted patients; 456 counseling sessions with patients; 187 with relatives, pastors, et al., concerning the patients' needs; 97 group sessions were conducted. More than 24,000 brief pastoral visits were made during the year.

The teaching ministry included lectures to nursing staff and seminars for theological interns from South Carolina State Hospital and Hall Institute.

The third annual workshop, "Meeting The Needs Of The Elderly," was conducted in January, led by Dr. Herbert Shore, Dallas, Texas. There were 350 participants including clergy, church leaders, and professional workers from state and community agencies serving the elderly.

NURSING SERVICE

Nursing has progressed in developing, revising and/or reviewing policies and procedures which were essential in improving the overall functioning as well as meeting established philosophy and standards. This has also involved and improved nursing communications and functioning with other departments in the hospital.

Tools developed by nursing have helped provide consistent patient care follow-up as well as reduced the number of unexplainable accidents and injuries. Continued vigilance was applied to have personnel be accountable for the care of patients and to obtain adequate medical treatment for patients.

Nursing will continue to focus on establishing therapeutic treatment programs for patients; however, progress has been hampered by a high

turnover of trained persons and demands placed on nursing requiring personnel to be off assigned wards transporting patients to and from court, clinics, and other essential activities.

Effective rehabilitation and nursing programs could be established if an adequate number of stable staff were recruited and employed; however, many persons do not view working with the elderly mentally and physically ill patients as a challenge or rewarding. Thus, without many additional special considerations, these problems will probably continue to exist despite the dedicated efforts of many persons working here.

The Resident Care Area was divided into two sections to facilitate better supervision of employees and better care of patients assigned to this area. Personnel have been reassigned according to patients' needs. This had led to a decrease of accidents and injuries on some wards.

A total of 1,188 persons participated in the various offerings of Nursing Education, Crafts-Farrow State Hospital. Several new courses and programs were initiated this year for nursing staff and an "Orientation to Patient Services" program for new employees from all departments began in September, 1976.

Continuing programs include the "Basic Course of Instruction for Mental Health Specialists," the "Administration of Medicines Course for Mental Health Specialists," and "Special Techniques for the Medical Area."

The "Hospital Staff Development Grant in Motivational Therapy" that had been awarded by HEW ended its funding June 1976. Motivational Therapy Training was continued by the hospital. Staff in an additional six buildings were provided the training and are in various stages of developing their programs. One consultant working with the program became a permanent part-time employee of Nursing Education, now providing a Psychologist I as an addition to the staff. The other consultant completed training for 15 Registered Nurses to assist them in developing and implementing Motivational Therapy System programs on their wards.

Nine Ward Treatment Specialists completed their training in the "Ward Treatment Specialists Course" in group therapy for geropsychiatric patients. Three registered nurse supervisors completed training in group therapy along with this group.

Twenty-eight new Registered Nurses and 19 new Licensed Practical Nurses were oriented to Nursing Education as a part of their overall orientation to Crafts-Farrow State Hospital.

An average of 52 nurses attended each session of the "General Inservice Program for Nurses" provided monthly.

New programs initiated included "Orientation to Patient Services," a "Venipuncture Course" for R.N.'s and L.P.N.'s, a "Ward Management

Course," the "Psychiatric Nursing Course," and an "Administration of Medicines Course for L.P.N.'s."

PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital Pharmacy during the fiscal year 1976-77, was 66,027. This was an increase of 6.45% over the number filled the previous year.

Cash receipts amounting to \$44.17 were collected for prescriptions for discharged patients who are to be followed up at after care or mental health clinics.

The Alcohol and Drug Addiction Center at Morris Village was issued 3,478 prescriptions during the fiscal year — an increase of 1,162 (50.17%) over the number issued the previous year.

Beginning April, 1977, the Pharmacy began providing services for the employees of G. Werber Bryan Psychiatric Hospital (Village A). A total of 41 prescriptions has been filled for them.

The Pharmacy still provides services for the Community Mental Health Autistic Children Division and makes supplies available for Midland Retardation Center.

The Pilot Program for computerized drug ordering at Building Number 15 was continued throughout the year. All drugs ordered at this building were dispensed on individual prescriptions and the information entered into the computer terminal. A total of 2,458 prescriptions was dispensed to this building.

PSYCHOLOGY DIVISION

During the 1976-1977 fiscal year, the psychology department completed 394 psychological tests and provided individual and group therapy for 693 patients respectively.

The department participated in a number of institutional committees related to patient care, record keeping, and program development. Staff members contributed their time to the hospital improvement committee, to educational talks to community agencies, and to staff development programs sponsored by the Department.

The experimental multi-disciplinary supervisory program established earlier by this department has proven successful. Supervision of psychologists, counselors, speech therapists, and special education teachers will be continued.

More recently the Psychology Department of Crafts-Farrow and the Speech Department of the University of South Carolina jointly established trainee internships for speech students at Crafts-Farrow. The institution's speech therapist will be responsible for supervision of the trainees.

Support for the mental retardation program continued as a major responsibility. Three members of the psychology department were assigned to the program to provide psychological testing, speech training, and special education. At this writing, university practicums for special education teachers are being planned at the hospital.

Patient care and welfare received strong attention during this fiscal year. Staff members assisted in the evaluation of programs for the elderly, and provided consultation on the psychological needs of the geriatric patient.

The department has been most fortunate in maintaining a staff of 14 which exceeds earlier numbers. Hopefully, others may be added to expand the services envisioned by this department.

SOCIAL SERVICE DIVISION

The Social Service Department approached the fiscal year 1976-77 with the primary objective of decreasing the patient population at Crafts-Farrow. In order to achieve the objective, existing programs, services and resources were re-evaluated. The effectiveness of treatment programs was increased and community resources were identified, coordinated, and more effectively utilized. The patient population decreased from 1,747 in June 1976 to 1,695 in June 1977. Of 333 referrals received for alternate care placement, 165 were placed.

The Statistical Report below reflects the utilization of available community resources by Social Service Staff for Alternate Care Placement of patients:

<i>Type Placement</i>	<i>Total Number Patients Placed</i>
Boarding Home	53
Foster Home	10
Nursing Home	97
Independent Living	5
Total Placement	165

VOCATIONAL REHABILITATION DEPARTMENT

The role assumed by the Vocational Rehabilitation staff is that of representing the handicapped and the state in providing vocational services as may be necessary in the rehabilitation of mental patients at Crafts-Farrow.

The treatment team concept is now being used throughout the hospital and a member of the Vocational Rehabilitation Department takes part in each of the teams. This representative is able to feed back

information as it applies, and also discloses the vocational potential of the patient who is being discussed. Referrals are made to this department from the various treatment teams. Of these referrals from the treatment teams, thirty-three clients have been successfully rehabilitated, vocationally, during the past fiscal year.

A total of 756 patients was involved in various work therapy and personal and social adjustment training areas under the supervision of the Vocational Rehabilitation Department.

Vocational Rehabilitation plays a very active part in the patient-pay program; both by establishing a just wage through evaluation of the prospective employee, and by constantly attempting to stimulate more patients to become involved in rehabilitative services.

The Rehabilitation Workshop Facility on Green Street was utilized as a means of evaluation. After receiving training there, clients are then able to take various jobs, such as kitchen, dining room, and housekeeping work, not only here as regular employees within the hospital, but in other settings as well. The Center for Orientation for Independent Living (COIL) has also been utilized and has been an aid in returning several patients to the community.

A total of 117 patients was involved in the Home Economics Department where much of their training was in home-related skills, with emphasis on training and renewal of previously learned skills. Courses have been given on nutrition, marketing, personal grooming, hygiene, sewing and general household maintenance.

A total of 127 patients received training in the use of basic tools, general woodworking, painting, wood finishing, simple home repair, etc. These skills, or renewal of skills, are a definite factor in how the client will be able to apply himself upon his return home.

The Rehabilitation Department in cooperation with Columbia School District #1 again offered Adult Education classes. Fifty-five of the patients who enrolled attended regularly and took an active part in the program.

ADMINISTRATIVE SERVICES

During the fiscal year, the Department of Administrative Services was made up of seven divisions, to wit: Registrar, Supply and Service, Food Service, Engineering, Security, Housekeeping and Fire and Safety.

The different divisions that make up the Department of Administrative Services are responsible for providing a suitable and safe environment for the patients, making sure that the patients have an adequate and nutritious diet, providing proper and adequate supplies, maintain-

ing proper patient records, and assuring that the hospital is operated according to governing State laws and the Department of Mental Health regulations and policies.

Improvements were accomplished in all areas of this Division, as may be seen by reading the various reports given within this booklet. Efforts are continuing to upgrade services for patients and to correct deficiencies noted when we were surveyed in 1975 by the Joint Commission on Accreditation on Hospitals.

Although some inequities in salary adjustments have resulted from the various changes in regulations governing merit increases and reclassifications which resulted from a lack of money in the State tills, the employees as a whole have adjusted graciously to their lack of funds and are looking with trust toward the future. The hospital administration will continue to work within its budget while striving to provide improvements where needed.

REGISTRAR DIVISION

The commitment laws continue to put a strain on everyone involved. From the day a patient is admitted until the next 20 days have passed there is a rush on everyone. Admission personnel must immediately get the papers back to the Probate Judge, the Judge must immediately set up examination and hearing, Registrar personnel must serve the papers on the patient informing him of his examiners and attorney, Nursing Service personnel must provide an aide for the trip and see that the patient is ready to travel, Registrar personnel must arrange transportation and money for food and, finally, Transportation must furnish the vehicle and driver. This sometimes becomes a nightmare when we have to crisscross the state 5 days a week for 52 weeks.

Admission and Disposition Office

In addition to the usual amount of paper work, A&D Sheets daily, visitor registration at Security Office, this office processed 1792 incoming and outgoing patients with a total of 10 employees and one supervisor. This office is open 24 hours a day, seven days a week, and serves as the Information Center at Crafts-Farrow. The office is also connected with mobile communication with Security to assist them if needed, and also prepares the paper work and gets the money to make the trips back to the communities for patients' examinations and hearings. A total of 870 trips was made taking patients back to the county for examination and hearing last year; this averages 3.5 trips per day.

Medical Records

This office is manned by one Medical Records Librarian and 18 other employees. These employees do a variety of jobs — ten of them are

classified as "Staff Personnel" and "Steno Pool." These employees prepare records for Medical Staffing of patients on Monday, Tuesday, Thursday and Friday. They type all dictation from doctors and Social Workers. The other employees are assigned to complete insurance claims, prepare death certificates timely, file records, ensure that doctors are notified when their work is behind, pay working patients bi-weekly and various other work connected with Medical Records.

Medicare-Medicaid

This office has two employees assigned to Medicare and Medicaid. Their job is to process the claims for patients, notify the families when Medicare days are exhausted and keep a running record on all these patients while they are in the hospital. We have approximately 300 patients on Medicare and 700 on Medicaid. HEW, Blue Cross and DSS are continuously checking our records for need for continued stay and recertification.

Post Office and Personal Fund

This office is located away from the Admissions Building and is adjacent to the canteen. We have three people employed, one of whom delivers the mail to all wards in a motorized scooter. Money orders are sold daily. Patients Personal Funds are maintained in this office; funds are disbursed to patients for shopping either on campus or downtown.

The Registrar Division also has three Clerk Stenographer II's who are assigned to doctors who have special programs in buildings.

SUPPLY AND SERVICE DIVISION

The Supply and Service Department continues requisitioning, storing and issuing supplies to all areas within the hospital and to other facilities of the Department of Mental Health, including Morris Village, Autistic Children's Center and Bryan Village. Records on expendable and non-expendable items are maintained and inventories held periodically.

There has been a continuous effort to improve furnishings for a more home-like appearance for all wards.

Approximately 25 patients are engaged in working positions to encourage them to participate in assignments to help them become more active and gain confidence in themselves. They are periodically re-evaluated and assigned to more or less responsibility, depending on the results of the evaluation.

For the fiscal year 1976/1977 the laundry at the Department of Corrections cleaned 3,168,618.5 pounds of linen and clothing, at the rate of .095 cents per pound, for a total cost of \$301,018.76.

The number of items available in the canteen was increased. Canteen sales for the fiscal year 1976/1977 amounted to \$120,904.97

A new complex, which will house all branches of Supply and Service (except for the Canteen) will be ready for occupancy during the first few months of the 1977-78 fiscal year. Due to type and condition of patients, Supply and Service is in need of additional staff to operate linen distribution, soiled linen and property operation as expected by the department.

ENGINEERING DIVISION

The Engineering Division has continued, throughout the year, to improve the real property facilities of the Hospital and has placed emphasis on items having a direct bearing on safety, patient and employee comfort, and accreditation requirements.

Major capital improvement projects in construction at Crafts-Farrow State Hospital during the year were:

- (a) New Laundry and Supply Building.
- (b) Upgrading Electrical Distribution System and Lighting in Buildings 5, 8, 10, 11, and 12.
- (c) Heating, Ventilating, and Air Conditioning Project on Administration Building. "In-House" maintenance and repair work performed in conjunction with this project consisted of refinishing and repainting walls, doors and trim work, patching holes in floors and installing pipe sleeves in floors and walls for new telephone routing, removing old wiring and exposed conduit, and installing new electrical receptacles, where needed. Some additional partitions were installed, new doorways cut in existing partitions, and some unused doors removed and walls patched. Additional small contracts were awarded for installation of carpeting throughout the building and for installation of aluminum framed glass doors at building exits.
- (d) Fire Alarm and Public Address System. This project is still in final stages of contract completion and acceptance.
- (e) The conversion of Ward Building #5 to a Volunteer Services Building.

Time clocks and card racks have been installed in Ward Buildings #1, 2, 3, 10, 13, 15, 16, 18, Shand, Davis, and Sol B. McLendon Clinical Center. These clocks, along with previously installed clocks in Food Service and Engineering Service, now enable all Nursing Service, Housekeeping, Food Service, and Engineering Personnel time and attendance to be recorded by time clock to facilitate accuracy and payroll preparation.

Concerted efforts have been made during the year to make minor changes, alterations, and additions to existing facilities to conform with NFPA Life Safety Code and correct, where possible, discrepancies noted by the State Fire Marshall during inspections.

Additional "in-house" accomplishments during the year include alteration of the entrance foyers in Shand and Davis Buildings to provide open direct access from the front entrance to the dining facility. This modification enhances the interior building appearance and reduces the penal atmosphere confronting patients and visitors. The top seven feet of fencing surrounding the exercise yards for each ward in these buildings has also been removed to further eliminate the prison appearance. Wheel chair ramps have been installed to facilitate movement of patients from dayrooms in Davis Building to the fenced courtyards. Screens and windows throughout Shand and Davis Buildings have been painted and four bath tubs installed to supplement and augment shower facilities. Additional Washers and Dryers have been installed in Buildings 16 and 18. Buildings 14, 15, 16, 17 have been painted along with all dayrooms in Sol B. McLendon Clinical Center. In addition, all patient beds in ward buildings have been cleaned, old paint removed, and beds repainted according to the colors selected by Nursing Service. Twenty additional restroom stalls have been made in the shop and installed in ward buildings to replace existing deteriorated stalls. Sidewalk curbing at street intersections has been removed and sidewalk paving sloped to accommodate wheel chair traffic. Supporting utility lines have been installed and existing lines rerouted as needed to serve two new dental operating chairs and two new dental operating units.

The Transportation Branch has averaged five out-of-town trips each work day transporting patients to home towns for Court Hearings and Clinics. Social Workers and Activity Therapists have increased their schedules on recreational trips for patients to the surrounding lakes and also in follow-up visits to patients. In the past year Transportation has acquired four new Sedans, one Bus, one Dump Truck, one small Crawler Tractor with four-in-one bucket and back-hoe attachment, one Farm Tractor with bush hog attachment, and five Pickup Trucks. We have salvaged and disposed of the same number of Sedans, Buses, Dump Trucks, Pickup Trucks, and farm Tractors. In addition to the above turnover of vehicles and equipment, we obtained four Cushman Scooters for use on the Hospital grounds by Housekeeping, Supply, Post Office Mail, and Engineering Service.

One additional personnel authorization has been received during the year. Two long-time employees retired, two employees resigned to accept higher paying jobs elsewhere, two valuable senior employees

accepted transfers within State employment and two employees were dismissed for cause. Difficulty has been encountered in finding suitable qualified replacements due mostly to low pay scales. With 76 authorized positions, the assigned personnel strength has averaged 70 during the year.

PUBLIC SAFETY DIVISION

The Public Safety Division continued its duties in providing security and protection for patients, employees and visitors. This division has the responsibility of enforcing all State and local laws that are violated by persons on the grounds. Constant patrols are made around the grounds.

Each officer continued in-service training and education provided by the Department of Mental Health, ETV, Columbia Police Department, and the South Carolina Criminal Justice Academy.

Two additional officers were added to the Division this year to provide better coverage on a twenty-four hour basis.

During the year a total of 66,709 miles were driven by officers in patrolling the grounds, answering calls and in transporting patients out of town back to court for hearings. There were 4,326 calls answered which resulted in 249 reports being written and investigated. These calls fall into the following categories: Petit Larceny, Grand Larceny, LWP, Contraband, Fires, Drunks, Patient Abuse, Trespassing, Auto Accidents, Malicious Mischief, Unauthorized Phone Calls, Assault, Forgery, Traffic, Disorderly Conduct, and Miscellaneous. There were 547 patients transported by officers during this period. Eight hundred and two auto decals were issued to employees. Forty trips were made taking patients to court hearings out of town. Three hundred and eighty-nine traffic warning tickets were issued and seventy-three summons were issued.

There were one hundred and five LWP's ("Left Without Permission"). All were returned or accounted for. Eight persons were given polygraph tests during investigations of reported instances of misbehavior. Two hundred and seven autos were searched for contraband or stolen items. Two ex-employees were indicted by the Richland County Grand Jury for Patient Abuse. One person was tried in General Sessions Court and convicted for Grand Larceny. One person was charged with trespassing. One employee was charged and convicted in Magistrates Court on a parking violation.

FIRE & SAFETY DIVISION

Since the establishment of the Fire and Safety position in October, 1975, much progress has been made in the areas of compliance with Life

Safety Codes through continuous programs of upgrading and renovation of buildings.

The Fire and Safety Officer's responsibilities including holding classes for all new employees to acquaint them with the Fire Reporting Plan and procedures. Classes were held for 344 new employees during the 1976 year.

There were 18 fires reported at CFSH during the year, consisting of 8 grass and trash fires, 1 employee auto destroyed, and 9 fires attributed to smoking in "no smoking" areas. Property damage was minimal and there were no injuries. Fire drills are held quarterly in each building on all three shifts. There was a total of 160 drills held during the year with 2,846 employees participating.

There were 272 on-the-job injuries reported during the year, 31 of which were recordable (i.e., time lost from work occurred as a result of the injury). A total of 190 days lost was recorded. The on-job injuries occurred for the following reasons: slips and falls, 66; lifting, 46; lacerations, 39; needle punctures, 16; and injuries sustained while handling patients, 105.

A seminar was held on the campus by the State Fire Marshall's Office. A total of 900 employees attended the classes on Fire Safety.

The State Fire Marshall's Office also conducted the yearly fire inspection of the campus. All buildings on the campus were inspected and the Assistant Deputy Fire Marshall who inspected the campus was very complimentary to the administration for the effort put forth to bring the noncompliance areas into compliance with State and Life Safety Codes. As funds become available for capital improvements it is the aim of administration to be in full compliance in all areas where it is practical to make the necessary renovations.

FOOD SERVICE

The Food Service Division upgraded the quality and appearance of food by the revision of menus in response to patients' requests and needs by the serving of fresh fruits and vegetables as available.

The Division continued to improve its services through the purchasing of a 550-lb. capacity ice machine, fifteen (15) fly killers, fifty dozen (50 doz.) heat keeper dishes and other miscellaneous kitchen equipment. Two three-compartment warmers were put in operation to provide warmer food. Menus continued to be coordinated with those of South Carolina State Hospital.

Meals prepared and served at *Crafts-Farrow State Hospital*:

Special diets and ground food prepared and served	946,244
Regular food prepared and served	1,462,622

Meals prepared and delivered to *Midlands Center*:

Special diets and ground food prepared and delivered . .	126,988
Regular food prepared and delivered	306,256
Meals prepared for <i>Morris Village</i>	74,987
Total meals prepared	2,917,097

Midlands Center was billed for meals, fruit juices

and miscellaneous items in the amount of: \$410,214.69

Midlands Center was billed for milk in the amount of: \$ 39,208.55

Morris Village was billed for meals in the amount of: \$ 44,717.14

Morris Village was billed for milk in the amount of: \$ 30,933.02

HOUSEKEEPING DIVISION

During the past year, the Housekeeping Division has continued to pursue training programs and the upgrading of skills and potential of its personnel. New employees are provided with on-the-job training, in addition to a continuing program of updating methods and techniques for all Housekeeping personnel.

We gained 8 new positions during the past year. We now have personnel daily in all buildings with the exception of Building 7.

During the past year, we have been able to acquire new equipment such as 42 Stainless Steel Custodian's Carts, four (4) 18" Buffers and two (2) 20" Buffers. This equipment was much needed in the upgrading of our Housekeeping services.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

Fiscal year 1976-77 was the twelfth year since the William S. Hall Psychiatric Institute was established as the education and research facility of the Department. The goals of training highly competent mental health professionals and furthering the knowledge of neuropsychiatry by competent research are being pursued.

A total of 1,005 trainees were in training during the year:

General psychiatry training	25
Child psychiatry training	6
Psychology interns	5
Nursing students	94
Chaplain trainees	9
Social work placements	4
Recreational therapy interns	8
Occupational therapy interns	7
Music therapy interns	4

Vocational rehabilitation interns	2
Special education teachers	6
Medical students	134
Continuing education for physicians	701

Thirty papers by members of the Institute faculty were accepted for publication by various professional journals.

During this fiscal year, 730 patients were treated as inpatients for a total of 34,312 inpatient days and 518 partial hospitalization patient days. 8,291 outpatient visits were recorded.

February, 1977, was designated as Courtesy Month to focus attention upon the importance of courteous contacts between staff, patients, and visitors. The winning slogan, "Respect for others is the 'Hall' mark of courtesy," submitted by Robert Sabalis, Ph.D., earned him a \$50 U. S. Savings Bond.

"The Joe E. Freed Award" for the most outstanding paper written by a physician in training was won by Earl A. Burch, Jr., M.D. His paper was entitled "Bromide Psychosis — Yesterday and Today."

A close relationship with the University of South Carolina School of Medicine has continued with twenty-three faculty members of the Institute faculty now having appointments in the Department of Neuropsychiatry and Behavioral Science of the School of Medicine of the University of South Carolina.

The Village Pilot Project unit was named the Community Cottage and will add a unique unit to enhance the training of mental health professionals in the specific area of community psychiatry.

DEPARTMENT OF RESEARCH AND TRAINING GENERAL PSYCHIATRY TRAINING PROGRAM

The General Psychiatry Residency Program enjoyed another successful year in recruiting residents during the 1976-1977 fiscal year. Two residents recruited during the previous fiscal year began training in July, 1976. Two began training in October, 1976, one in January, 1977, one in February, 1977, and one in April, 1977. Four residents were also recruited to begin their training in July, 1977. During this fiscal year, three residents entered training directly from medical school, two transferred from other programs, one entered following the completion of an internship and one physician sought training in general psychiatry from a position already held in the Department of Mental Health. During the year, three residents withdrew from the program for personal reasons, one entered the United States Navy and eight completed their training and graduated from the program. Of the eight graduates, five have assumed full-time positions with the Department of Mental Health, two

pursued fellowship training at the Yale Psychiatric Institute and the Chicago Psychiatric Institute and one entered the private practice of psychiatry. One physician assumed a residency position for six months beginning January, 1977, for the purpose of obtaining training in psychiatry in advance of pursuing his specialty training in neurology. The total number of physicians in training in the General Psychiatry Residency Program during the year was twenty-five.

In the fall of 1974, our program submitted a training grant application to the Department of Health, Education and Welfare for a project period spanning July 1, 1975, through June 30, 1980. A grant was awarded and funded in the amount of \$44,598 in the initial budget period ending June 30, 1976 and in the amount of \$31,651 in the second budget period ending June 30, 1977. In June 1977 we received notification of continuing support for this grant and funding in the amount of \$22,174 for the third budget period of July 1, 1977 through June 30, 1978.

During 1976-1977 we continued the ongoing process of reviewing, reevaluating and reformulating the General Psychiatry Residency Program in order to remain at the very forefront of advances and developments in psychiatric education. This planning enabled us to develop a full four year residency training program in general psychiatry consistent with the essentials and requirements of the American Medical Association and the American Board of Psychiatry and Neurology. We were thus able to offer this Program effective the date of its becoming a requirement on July 1, 1977.

We have continued to develop and improve our program in specific areas during 1976-1977 most notably in the area of Emergency Psychiatry and the interface of psychiatry with non-psychiatric medical specialties. In addition to innovations and improvements in program design and delivery, major gains were made in upgrading the professional qualifications of the teaching staff. Eight members of the faculty were certified by the American Board of Psychiatry and Neurology bringing us to a total of seventeen psychiatrists and neurologists now certified by the Board.

The General Psychiatry Residency Program continued to encourage and support resident participation in research projects and literary offerings in the course of their training. The Joe E. Freed Award was again presented to the resident submitting the best paper. Several residents again distinguished themselves by their work in this area during the past year. Our program was once again honored by the selection of a resident for the American Psychiatric Association Falk Fellowship Program. Only a few residents throughout the country are so honored each year. A William S. Hall Psychiatric resident has been

selected in each of the past two years giving us a total of two Falk Fellows currently in training at the Institute.

Our program continued to support other programs of medical education in our area and the state. We have, in particular, continued to develop our liaison with the graduate medical education programs of the Richland Memorial Hospital. During the past year residents from the departments of Family Practice and Internal Medicine of the Richland Memorial Hospital served clinical rotations in psychiatry at the Institute. Institute faculty members also delivered a comprehensive orientation and introduction to psychiatry to beginning residents in the Family Practice Program of the Richland Memorial Hospital.

The General Psychiatry Residency Program continues to serve the needs of South Carolina through the training of competent and qualified professionals in the mental health field. We are confident that our continued efforts and attention to issues of quality training in the field of general psychiatry have enabled us to develop a forward looking, balanced, eclectic training program. We feel that we have a program which is geared to recognize and respond to emerging issues in psychiatry while according coverage and respect to the traditional roots of our field.

*Physicians and Medical Students Receiving Training and/or Orientation
under the Auspices of the General Psychiatry Residency Training
Program in 1976-1977*

Residents in General Psychiatry	25
Residents in Child Psychiatry*	5
Residents in Family Practice	10
Residents in Internal Medicine	1

CHILD PSYCHIATRY FELLOWSHIP PROGRAM

The Institute received word that the Child Psychiatry Fellowship Training Program had been awarded a five-year training grant by the National Institute of Mental Health with a projected figure of \$545,000 for the five years. The first year total was \$109,000 which facilitated the recruitment of a Chief, Consultation-Liaison and Community Child and Adolescent Psychiatry Service.

A total of eight papers were published or accepted for publication. Members of the staff are also working on the refinement of the Hall Emotional Learning Profile (H.E.L.P.) with specific focus on assessment of behavior change in the home and school environment. A study and research in the use of psychostimulants, especially caffeine, with MBD (hyperkinetic) children continues. One staff psychologist is working on a 135 item family relationship inventory which hopefully will

* Includes Training and Orientation

assess the parameters of self-esteem, communication, rules and the family as a unit in society. A paper entitled "Youthful Antecedents of Adult Mass Murder: Is Prevention Possible?" was presented to the American Society for Adolescent Psychiatry in Chicago, Illinois, in October, 1976, by the Associate Director for Child and Adolescent Psychiatry. He also participated on a panel entitled "Caffeine and Psychiatric Symptoms" at the American Psychiatric Association in Toronto, Canada, in May, 1977. Other scientific papers presented during the year included one entitled "Acting Out of Adolescent School Children During Busing Crisis in Boston Schools" at the American Association of Psychiatric Services for Children held at Wrightsville Beach, North Carolina, in May, 1977, and one entitled "Value Clarification, An Approach to Drug Abuse Prevention" at the American Association of Psychiatric Services for Children held at Wrightsville Beach, North Carolina, in May, 1977.

The following trainees spent varying periods of time in the Child and Adolescent Psychiatry Service during the 1976-77 year: six child psychiatry fellows, thirteen general psychiatry residents, five psychology interns, nine chaplain residents, three social work graduate students, student nurses, special education students, and pediatric medical students.

CONTINUING EDUCATION PROGRAM

During the year a variety of programs were offered for physicians in continuing education. There were programs on psychiatric topics as well as general medical topics. Seven major programs were sponsored with outstanding visiting lecturers who are nationally recognized in their field. Attendance at these programs averaged over one hundred per program.

In August, 1976, a study group was organized to provide continuing education for the Institute medical staff on a regularly scheduled basis twice each month. This group met throughout the year with excellent attendance.

The continuing education program conducted six one-day orientation programs for third year medical students from the Medical University of South Carolina to acquaint these future physicians with the programs and facilities of the Department of Mental Health. A total of 134 students attended these programs.

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

Psychology continues training psychology interns in a program approved by the American Psychological Association Education and Train-

ing Board. This Board's approval is needed every five years and it will be the following year in which approval once more will be pending. The program continues with five interns from various universities with approved training programs of their own. Interns are closely supervised in psychological evaluation, psychotherapy both individual and group, research, consultation, team meeting, and community mental health work.

Both the interns and the staff members have been active in teaching and training in other disciplines. The staff members give lectures and presentations in the Psychiatric Residency Program, the staff members and the interns give lectures in the area of nursing training and some of the other disciplines. These presentations have to do with behavior therapy, gestalt therapy, rational-emotive therapy, reality therapy, child and adolescent therapy, and play therapy. Psychology maintains its training and consultation role in the Day Treatment Center of the Child and Adolescent Psychiatry Section.

Psychology maintains its NIMH support for its training program and is in the process of applying for a new grant. We are also in the process of applying for a grant from various foundations for biofeedback equipment. The biofeedback equipment would enable psychology and other professional disciplines of the Institute to engage in research in this particular area as well as provide for service and clinical demands.

Members of the staff continue their work in developing measuring scales to do research on the dynamics of healthy families and in new family assessment devices. Members of the psychology staff have completed six professional papers during the year, four of which have been accepted for publication.

NURSING EDUCATION PROGRAM

This program offers a 12-week course in psychiatric nursing for diploma and associate degree nursing students. Graduate nurses who have never had the course or failed state boards in psychiatric nursing are also accepted. During the year ninety-four nursing students from Orangeburg Regional Hospital, Coastal Carolina-USC, and York Technical-USC Lancaster completed the program.

PASTORAL EDUCATION PROGRAM

Three out of the four chaplain residents, who completed their Clinical Pastoral Residency year in August, 1976, remained in the state of South Carolina to assume various full-time pastoral positions in churches and agencies. Four chaplain residents began the year long Clinical Pastoral Residency program in September, 1976, and four Chaplain Trainees

started the three month basic clinical pastoral education program in June, 1977.

The second annual "Clinical Pastoral Education in Pilgrimage" program began in September, 1976 with the format of one-day-a-week for nine months for community clergy who are desirous of participating in an educational program at Hall Institute combining their full-time parish work with certified clinical education. Three community clergy were graduated from this program during the year.

The sixth annual "Theology and Therapy" undergraduate clinical program at the Hall Institute was offered during January, 1976, to four pretheological and pre-medical students from Wofford College. This clinical interim project has pre-graduate school purposes of assisting the college student in his or her understanding of mental illness, the study of the interrelationship between religion and mental health, and pre-professional reflection on religion and medicine.

There were five programs in the Institute's *Continuing Education Series for Community Clergy* offered to community clergy and other pastoral workers in 1976-77. These one and two day programs were well attended averaging over seventy clergymen per program. There has been a total of 28 different programs and 1,198 participants in the overall *Continuing Education for Community Clergy* since its inception in 1971 at the Institute.

There were a variety of community education services and committee participation provided by Pastoral Education Program to community groups, churches, agencies, and associations.

Staff members from Pastoral Education Program had papers published in two professional journals. The Chief, Pastoral Education Program was invited to make the opening address at the Annual Convention of the Association of Mental Health Clergy in Toronto, Canada, on May 2, 1977.

There were 272 community clergy, undergraduate students, and seminary students who participated in the full-time, part-time, and continuing education programs of Pastoral Education Service during the 1976-77 fiscal year.

SOCIAL WORK PLACEMENT PROGRAM

The Social Work Placement Program had four second-year students for the year, utilizing three areas for basic training; however, in the second semester, students continued to work with selected patients who were transferred to other services or discharged and thus were able to see continuity of service to their patients and observe a variety of settings. Family therapy continued to be a major focus and all students fully utilized video as a teaching aid.

The summer program with three students was reinitiated. This program offered a variety of experiences as research aids, day treatment helpers, camp assistants, as well as developing traditional skills. This year the Community Cottage and Child Psychiatry offered placement experiences and child social work staff and the Community Cottage social worker planned the summer experience in their area. During the coming year the summer orientation and other student experiences will be again re-evaluated for effectiveness.

RECREATION THERAPY INTERNSHIP PROGRAM

During the year 1976-77 eight students from four universities completed the internship. There were four from Clemson University, two from Indiana University, one from the University of North Carolina, and one from Sacramento State College, a new affiliation.

An on-going inservice training program was held within the program to keep staff members abreast of changes and trends in the recreation therapy field. Each staff member attended at least one professional, educational conference and participated in at least two Staff Development Workshops.

A research project, "The Effects of a Walking-Jogging Program on Depressed Adult Female Psychiatric Patients" was completed by a graduate intern and a staff member.

OCCUPATIONAL THERAPY INTERNSHIP PROGRAM

There was a change in the program director in Occupational Therapy during the year with the new director being appointed in March, 1977. The Occupational Therapy Department increased its student program for this fiscal year to seven interns. The contract with one university was cancelled during the year, a contract with another university was added and negotiations started with another school.

MUSIC THERAPY INTERNSHIP PROGRAM

Four students completed a six-month clinical internship in Music Therapy and three of the four remained in the state, two in jobs and one returned to school. The Music Therapy staff has conducted workshops and participated in numerous presentations within the state to promote music therapy and encourage adding a music therapist in facilities where one is not presently employed. The Music Therapy Department presented Careers Day at the William S. Hall Psychiatric Institute. Invitations were sent to all two and four year colleges and universities in the state and approximately fifty students and career counselors attended.

Long range plans include the addition of another music therapist and continued expansion of patient services.

VOCATIONAL REHABILITATION INTERNSHIP PROGRAM

The Clinical Internship Program has continued with two graduate students from the University of South Carolina completing internship requirements. It is anticipated that this program will be considered for expansion in the upcoming year. Inservice programs for Vocational Rehabilitation personnel employed by the Department of Mental Health have been provided on topics of relevance to psychiatric rehabilitation. Research in conjunction with the University of South Carolina Law School is continuing.

DEPARTMENT OF CLINICAL SERVICES

The past year was one of development of services to patients through milieu programs and improvements made in the hospital buildings themselves. Further, the hospital staff have maintained and developed professional skills through inservice training and continuing education.

The Outpatient Service's Community Psychiatry Program has been further developed and currently there is a plan to develop a Partial Hospitalization Program. The services of a fulltime dietician and doctoral pharmacist will be used in the coming year to enhance services to patients.

GENERAL PSYCHIATRY INPATIENT SERVICE

In addition to their clinical instruction and treatment responsibilities, the inpatient attendings have taken a major part in the didactic sessions for the first-year psychiatric residents.

A six-month study on dietary influence on hospitalized schizophrenics was initiated and continues on one of the inpatient units.

The name of the unit serving Clarendon, Kershaw and Sumter counties was changed from the Village Pilot Project to the Community Cottage, emphasizing its unique relationship to the communities and their mental health clinics.

Plans are to continue to improve the quality of team treatment offered by this section, to promote research, and to participate in the Institute training programs.

GENERAL PSYCHIATRY OUTPATIENT SERVICE

The Outpatient Service continued its activities in both treatment and training functions. Individual and group psychotherapy as well as family

therapy have been conducted by the staff and trainees in psychiatry, psychology and social work. Training activities included individual supervision, lectures, seminars and case conferences. Several scientific papers were published in professional journals by the staff and trainees.

The Community Psychiatry Section consists of a didactic lecture series which is complemented by an intensive experiential experience in a comprehensive mental health center. Core concepts of community psychiatry are stressed in both formal lectures and informal discussion groups. A consultation program has been developed in which residents are afforded the opportunity to participate in both clinical and administrative consultations. Considerable progress has occurred in the development of the community psychiatry fellowship. Negotiations are currently underway with the School of Public Health, University of South Carolina and should be completed in the near future.

The Psychiatric Consultation-Liaison Section is a fully active teaching program providing consultation services to the medical and surgical services of Richland Memorial Hospital and the Neurology Service of the Institute. It has begun to develop active liaison relationships with particular services at Richland Memorial Hospital.

CHILD AND ADOLESCENT PSYCHIATRY SERVICE

The Institute received word that the Child Psychiatry Fellowship Training Program had been awarded a five-year training grant by the National Institute of Mental Health with a projected figure of \$545,000 for the five years. The first year total was \$109,000 which facilitated the recruitment of a Chief, Consultation-Liaison and Community Child and Adolescent Psychiatry Service, who had been an instructor at Harvard and consultant to the Boston Public School System.

Other developments included new appointments: a chief of Child and Adolescent Outpatient Service, a director of a Day Treatment Center and Head Teacher, a director of the Child Psychiatry Fellowship Training Program, and a new chief of the Adolescent Inpatient Section.

Future plans include the expansion of the Adolescent Inpatient Unit into a larger partial-hospitalization program including day and night components.

NEUROLOGY SERVICE

Neurologic teaching and patient care services were maintained at established levels of excellence despite the continuing shortage of teaching neurologists, including loss of the senior consultant neurologist who had served since the founding of the Institute. Further expansion of neurologic services awaits the recruiting of additional full-time and consultant staff.

Eight psychiatric residents completed Neurology Service rotations, and sixteen residents and fellows were examined in Neurology in June 1977.

Presentations during the year included continuing medical education programs on epilepsy, stroke, and aging in addition to five scientific papers.

PSYCHOLOGY SERVICE

The Psychology Service has been quite active again this year in answering requests and providing for psychological services. Psychological evaluations continue to be very well received and are in strong demand. These evaluations are performed by the five staff psychologists and by the five psychology interns.

There have been many interesting referrals and they have provided some excellent material for training the psychology interns. One staff psychologist is working with a research project on the effect of gluten on psychosis; his evaluations, therefore, have both a service and research function.

In the area of service, Psychology has also been quite active in individual therapy and group psychotherapy. Referrals for individual work come from all sections of the Institute and both the trainees and the staff psychologists are quite invested in this. Staff are involved in group psychotherapy on the inpatient sections, the Adult Outpatient Clinic, and on the Adolescent Unit. The psychology interns are also involved in these groups and are, of course, supervised by the staff psychologists.

Psychology has been active in consultation for research approaches for people in other disciplines: Music Therapy, Psychiatry, and Clinical Chaplaincy, providing expertise on research design and analysis.

Psychologists attend all of the appropriate team meetings and provide inputs in these areas.

SOCIAL WORK SERVICE

After the chief of service resigned to take an academic job administrative duties were shared by two co-acting chiefs. An advisory committee was established including representation from the social work and other staffs within the Institute to select the new chief.

The therapeutic nursery program which was implemented under the guidance of a social worker was expanded. The program was extended to operate during the summer months.

There were four social work graduate students placed at the Institute during the academic year and it was possible to reinstate the summer placement program. Social Work staff expanded their teaching roles

during the year participating in the lecture series of the Child Psychiatric Fellowship Program and the General Psychiatry Residency Program. In-service teaching was provided to the staff of the Santee Wateree Mental Health Center.

Professional growth and educational needs received strong emphasis during the year. Meetings were held to reinstate continuing education within the Institute and a program for continuing education has been planned for the next year.

A study report on admissions to the Institute was completed by a social work staff member. A follow-up survey of adolescents previously hospitalized at the Institute was also initiated.

NURSING SERVICE

During the year 1976-77 Nursing Service has added to their continuing education emergency medical procedures to include CPR and Heimlich maneuver.

Preparation for classes in Prevention and Management of Aggressive Behavior according to a model program at St. Thomas Psychiatric Hospital, Ontario, Canada, has begun.

Nursing staff on one particular unit has been involved for about 5 months in a research study with chronic schizophrenic females.

Re-assignment of personnel to promote development of potential for best service to patients has been effective.

ACTIVITY THERAPY SERVICE

There was a change in the chief of Occupational Therapy with a new chief being appointed in March, 1977. A shortage of trained occupational therapists in this area continues to exist and we were unable to fill all our authorized positions during the year. With newly established degree programs at the University of Georgia and the Medical University of South Carolina this problem should be solved in the very near future and result in a more therapeutic occupational therapy program for Institute patients.

The Recreation Therapy Section continued the programs already in existence. There were no staff changes during the year and several new programs were initiated: formalized leisure counselling, a geriatric recreation therapy group, canoe-camping trip for the adolescents, a walking-jogging program, and more community awareness programs. The Recreation Therapy Department assumed total responsibility for the therapeutic camp held at Camp Barstow in August, 1976. Previously, only programming responsibilities had been assumed by the department.

The Music Therapy staff has conducted workshops and participated in numerous presentations within the state to promote music therapy and encourage adding a music therapist in facilities where one is not presently employed. The Music Therapy Section presented Careers Day at the William S. Hall Psychiatric Institute. Invitations were sent to all two and four year colleges and universities in the state and approximately fifty students and career counselors attended. Long range plans include the addition of another music therapist and continued expansion of patient service.

VOCATIONAL REHABILITATION SERVICE

The Vocational Rehabilitation Service continued to provide vocational evaluation, counseling and guidance, homemaking and consumer skills training, financial assistance for vocational and college training, and assistance with job and residential placement to all sections of the Institute. Services were provided to an unprecedented number of patients with consideration being given to program expansion in the future.

THE PSYCHIATRIC FORUM

In the two issues published during the past year more than half of the articles were written by Institute staff. The Chicago Institute for Psychoanalysis included the *Forum* in its 1977 *Literature Index* and *Community Mental Health Review* requested permission to abstract from the Forum.

RESEARCH

The Ensor Laboratory continued its work throughout the year in psychopharmacological, neurochemistry and biological research. Based primarily on this research the staff of the laboratory presented papers at two highly respected national scientific meetings and published a total of fourteen professional papers during the year. The staff also continued participation in the postdoctoral training programs presenting eleven seminars for the psychiatric residency training programs. Several medical students were involved in research projects conducted by the Ensor Laboratory. This experience is designed to interest the students in pursuing a career in mental health research. The Sixth Annual Research Symposium, entitled "Neuro-Transmitters in Central Nervous System: Role of Psychotropic Drugs" sponsored by the Ensor Foundation Research Laboratory was held on November 22, 1976, and was funded in part by several pharmaceutical companies.

This has been another very active year for the Genetics Laboratory. The programs in service, research and training have all increased in depth.

Lectures were given in many of the training programs of the Institute including general and child psychiatry, psychology, pastoral education, nursing and social work. Talks on mental health genetics were given to several service and religious groups across the State. A seminar was given for the faculty of the U. S. C. Medical School and lectures given in several classes of U. S. C. students. A two-day workshop on Mental Health Genetics was given through the Department's Staff Development Program and a one-half day program on the same topic at the Department's Annual Meeting.

Both the consultative and laboratory services have grown greatly in this last year. The number of karyotypes done last year more than tripled the 1976 output. The number of physician requests for genetic advice showed a similar increase. The \$17,000 grant of 1976 has been supplemented with an additional \$17,000 contract for 1977.

The 1976-1977 year was a year aimed at developing a research program. The way is now clearly marked for studying mental health disorders using modern tissue culture techniques. We have already developed some unique cell lines including chromosome abnormal lines and a Huntington Disease glia culture. We are now preparing to biochemically manipulate these cultures to learn more about their metabolism. Research funding will be actively sought during 1977-1978.

The Genetics Laboratory has developed a respected service and teaching function in the last few years. 1976-1977 was a year of developing a research program. Emphasis in the coming year will be toward implementation of the research plan and maintaining the service and teaching respect.

PROFESSIONAL LIBRARY

The Professional Library functions as the reference and resource center for the clinical and educational programs of the Institute. Containing highly specialized holdings in the field of neurology and psychiatry it has become a highly respected information center for the health sciences and mental health field and in addition to the Institute staff and students, it is used extensively by students and staff of area universities, colleges and medical facilities.

Library statistics for the year indicates a significant increase in the usage of the library and its resources.

The library actively participates in the Columbia Area Medical Librarians Association which facilitates inter-library loans locally and con-

tinues to participate in the regional medical inter-library loan service in order to secure requested material not available locally.

During the year approximately 250 new books were added to the collection and our holdings were placed on computer facilitating both accounting and informational procedures.

ADMINISTRATIVE SERVICES

The Department of Administrative Services is composed of six organizational components — Medical Library, Registrar, Supply and Service, Maintenance, Food Service and Medical Illustration — charged with providing administrative support to the clinical, research and training programs of the Institute. There were no changes in mission or function during the year, no new positions were added and there was very little turnover in authorized personnel. Each division has been able to provide the support required by clinical, research and training programs which continue to grow and each division has felt some measure of impact due to increased demands by accrediting agencies, government and technology, particularly in the areas of improvement in environment, medical audit, documentation and financial management. These increased demands necessitate the hiring of more highly qualified staff, better training and staff development of current employees and improved management methods.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

1976-77 ANNUAL REPORT

The year 1977 was one of challenge and uncertainty for the Division of Community Mental Health Services. Challenges stemmed from the extended emphasis on accountability, as well as availability and accessibility of quality community mental health services for the citizens of South Carolina. The uncertainties related to the untiring efforts to develop and maintain an efficient system of effective services with resources that were scarce and often unpredictable.

Concern for accountability has undergirded:

1. The development of standards for the Division of Community Mental Health Services which have been field tested and will be implemented July 1;
2. The establishment of a planning, development, and a coordinating committee which serves as a management on to the Deputy Commissioner for the purpose of coordination, planning, program development and monitoring services and resources;

3. The implementation of an automative management information system in all centers and clinics. (The Research and Evaluation Section assists the centers in the systems development, and monitors the operation.)

The concern for assuring that quality services are available and accessible to all citizens needing them has been responsible for:

1. The serious attention given to developing the administrative tools and machinery necessary for receiving third party funding, particularly Titles 18, 19, and 20;
2. The development of a State Plan for monitoring emergency services in all 14 mental health clinics/centers, which has received Health, Education and Welfare (HEW) approval, and will be implemented July 1; (Note: South Carolina received a very positive rating during HEW's National Survey of Emergency Services in Comprehensive Centers which was conducted in April.)
3. The initiation of a special demonstration project in two comprehensive centers to screen and offer short term treatment to all those clients for which hospitalization in a state institution is being considered;
4. The development of Memoranda of Agreement between the Community Mental Health Services Division and the State Hospitals to assure continuity of care for patients;
5. The expansion of aftercare and follow-up services to include direct intervention (medical, social and outreach) which is available in all 46 counties of the state;
6. The availability of audio-visuals within the Film and Book Library (the Division's Educational Resources Unit) to approximately 390,000 views;
7. The designation of one staff member in each of the 14 mental health districts (centers/clinics) to coordinate services for the elderly;
8. Workshops on Board responsibilities and functions conducted in each of the four mental health regions;
9. Continuation of manpower training and development through the granting of six stipends (four social work, two psychology) and provision of sessions covering management or clinical skills in each of the our regions as well as one workshop tailored to the precise needs of the individual center/clinic;
10. The continued expansion of services for autistic, "autistic-like" children in South Carolina through:
 - a. The development of two additional centers (Florence and Conway);

- b. The implementation of a training program based on the Judevine Developmental System for professional, parents, and paraprofessional, and;
- c. A project designed to provide vocational and academic training to autistic, adolescents and young adults.

It should be noted that nine new grant applications were submitted to HEW for consideration and received approval. Several had not been funded as of this date due to lack of available funds. These grants are as follows:

- 1. Tri-County received approval but no funding for a planning grant;
- 2. Waccamaw Mental Health Center received approval and funding for a planning grant;
- 3. The Greenville Mental Health Center received approval for both a C & E Project and an initial operations grant for the South Greenville Center;
- 4. Columbia Area Mental Health Center received approval and funding of both conversion and distress grants;
- 5. Spartanburg Area Mental Health Center received approval for both conversion and distress grants;
- 6. Charleston Area Mental Health Center received approval and funding for a distress grant.

AFTERCARE AND FOLLOW-UP SERVICES

With limited staff and operating budget, uncertainty about reimbursement for some services that were provided, increased client case load, and expectations of enhanced treatment opportunities, the program is faced with a significant challenge. The challenge is to provide quality programs that meet individual client needs and to insure that they are available and accessible to the clients who need them.

The program is achieving greater success yearly in meeting that challenge. There are now approximately 6500 clients receiving services in the program. Aftercare services are being provided in each of the state's 46 counties. The number of visits to boarding homes, nursing homes, and clients' homes has again increased indicating a greater ability to provide outreach services. Memoranda of Agreement have been signed between the State Hospitals and the Community Services Division formalizing the contacts between them and thereby providing even greater assurance of continuity of care for patients released from the central institutions who are to receive follow-up services in the community.

Significant needs remain in several areas. Additional medical psychiatric support is a must. This includes doctors for psychiatric

evaluation and treatment and more beds in local hospitals to avoid rehospitalization at the central state facilities. More staff is needed to assist patients in their resocialization to the community and for providing more intensive support to them at times of impending crisis. It is hoped that this increased staff would also be able to provide greater support to families of patients.

AUSTISTIC CHILDREN'S SERVICES

Since 1972, the Community Mental Health Services Division of the South Carolina Department of Mental Health has moved toward the goal of the development of a state-wide network of services for autistic and "autistic-like" children in South Carolina. In addition to the three model treatment and training centers located in Charleston, Spartanburg and Columbia, classrooms serving eight to ten students have begun in Florence and Conway. In three of these locations, Charleston, Florence, and Conway, the programs are provided through a contract with a local school district. In Spartanburg the Department has contracted with the Charles Lea Center for the provision of the service and the program in Columbia is a facility of the Department. State funds support all of these programs. The Judevine Developmental System serves as the treatment model in all of the programs. This system is described as a "unified, coherent, comprehensive application of learning and behavior principles to the task of supplying a complete education environment which causes children with severely disordered behavior and language to behave more normally."

An important component of the service delivery system is the training which is coordinated out of the program in Charleston. Based on the Judevine Developmental System, competency-based modular training is provided to professionals, parents and para-professionals. This year, through the assistance of the South Carolina Developmental Disabilities Council, the training was made available to ten teachers from around the state who would, as a result of the training, be able to provide an educational experience specifically designed to meet the unique needs of autistic and "autistic-like" students. The training itself is at all times provided at no cost to the trainee. However, the grant allowed the cost of living expenses and travel to be paid.

In 1976, the Department was awarded a grant from the Department of Health, Education & Welfare's Office of Developmental Disabilities for a grant for the Development of Training Techniques to Teach Vocational and Academic Skills to Autistic Adolescents and Young Adults. It is the intention of this grant to develop training for professionals and parents

which can more adequately prepare them to meet the unique needs of autistic adolescents and adults. With the first year of the project, one goal would be to provide at least twelve professionals with training in effective educational and vocational procedures suitable for autistic adolescents and adults. A second goal would be to disseminate information regarding the needs and capabilities of autistic youth and the types of educational vocational training procedures which need to be incorporated into service for them. The provision of consultation and training to other agencies in South Carolina and other states will be a third goal. The emphasis of these efforts will be on assisting the agencies in the development of services for autistic persons. The work done within the framework of this project would not only produce knowledge of how to actually train and educate autistics but would also provide information about service delivery systems for this population.

A fourth goal will be to identify the types of motivational and control systems and curricula which are most effective in developing the full potential of an autistic person. These final three goals are ones which would be extensively begun within the first year of the project. The training program for professionals and parents will be designed around the results of the pilot projects. Two classes of approximately six adolescents each will be established in Charleston and Spartanburg.

Through the programs consultation is available to any public program serving this type of developmentally disabled person. Also efforts to educate the public and professionals about the characteristics, capabilities and limitations of autistic people is an on-going process.

Film and Book Library

This past fiscal year, the audio-visuals of the Film and Book Library were seen by approximately 390,000 viewers. This figure exceeds last fiscal year by almost 50,000 viewers. The library continues to function as the Division of Community Mental Health Services' educational resource unit for the State of South Carolina. Its services reach schools, churches, hospitals, civic groups, agencies, and associations. The book library is available to individuals seeking more information on subjects relating to mental health issues and concerns. The library's program has been a widely-utilized service for over thirty years. It has proven to be a strong and effective service of the Division and Department.

PRECARE AND EMERGENCY SERVICES

This service continues to utilize crisis intervention techniques, local hospitalization, other clinic/center treatment modalities and the local resources of a community in order to maintain the client in or close to his home environment. However, limited funding for staffing and program

expansion have demonstrated that it is not possible for all clients for admission to state institutions to be screened by the community mental health clinics/centers and be afforded alternative treatment. Two comprehensive community mental health centers have been awarded special grants to conduct demonstration projects to screen and offer local short term treatment to all those clients for which hospitalization in a state institution is being considered. These projects were implemented this year and will be on-going for approximately two more years.

All of the Emergency Services of comprehensive mental health centers in the nation were evaluated by HEW officials through a telephone survey in April of 1977. Their findings in regard to responses given them by the staff on call in the centers in South Carolina were very positive. A state plan for the monitoring of emergency services in all mental health centers/clinics was recently submitted to and received approval from the regional HEW office in Atlanta. The provisions of this plan will be fully implemented in 1977-78.

In fiscal year 1976-77, training stipends were given to six students in the area of social work (4) and psychology (2). Manpower needs were being met in the competitive employment market with a lesser need to train to recruit.

Divisional training programs were planned by a fourteen member committee, one person representing each facility, in cooperation with the Division's training officer. Individual center training needs were met through the allotment of a mini-grant to each of the fourteen centers. Regional training issues were addressed through coordinated planning by the facilities for four regional training sessions. Topics covered included group therapy, program planning and treatment of the addicted client, needs assessment procedures and methods and issues of accountability. There was some concentrated study in the area of program consultation and establishment of the consultation function in a facility along with more effective program management.

The Division training officer worked collaborated with the Department's Staff Development section in general involvement of center staff in teaching services for workshops, etc. Interagency collaboration in training normally handled by this section has been transferred to the Education Consultant.

SERVICES FOR THE ELDERLY

During fiscal year 1976-77 each of the fourteen (14) community mental health centers has designated one staff member to serve as Coordinator of Services for the Elderly. This fiscal year was a time of preparing these Coordinators for their specialty roles through attendance at workshops sponsored by NIMH, Duke University, and NASW.

As a part of the assessment of need and the development of linkages with other service providers in the community, a number of workshops were held. These workshops were planned and attended by Community Mental Health staff and representatives from other agencies with interests in the field of Aging. Another workshop was a regional one in the Piedmont area. Four workshops were sponsored by the following centers: Tri-County, Santee-Wateree, Pee Dee, and Charleston Area Mental Health Centers. Anderson-Oconee-Pickens Mental Health Center held an inservice program to orient the entire staff to the specialized needs of the elderly.

BOARD TRAINING

During fiscal year 1976-77 Board Training was held in two stages in Region C. First stage was a regional workshop attended by Board and staff members from all three centers in the region. Second stage included workshops held for the individual centers of Tri-County and Pee Dee Mental Health Centers. These latter workshops were led by Phyllis Willford, Coordinator of Training Programs for Community Mental Health Center Boards in Florida. The individualized Board Training sessions were attended by Board members, Advisory Committee members, and staff from the centers.

STATUS OF FUNDING, REGION C

Tri-County Mental Health Center submitted an approved but unfunded Planning Grant. Horry-Georgetown-Williamsburg (Waccamaw) began a Planning Grant February 1, 1977. Pee Dee Mental Health Center began its fourth year in Operations Grant (switch from Staffing Grant) on June 1, 1977. In Region D, Charleston Area Mental Health Center began participating in a Pilot Project designed to maximize the capability of keeping psychiatric clients in the community rather than sending them to State Hospital.

RESEARCH AND EVALUATION

The Community Mental Health Services automated Management Information System was implemented in all centers and clinics during FY 1976-77. A study of staff-time utilization to determine the cost per client contact within all mental health programs at each facility was conducted. The Research & Evaluation Section assisted centers in the development and analysis of surveys to assess the need for mental health programs in the community. Assisting centers and clinics in program evaluation is an ongoing function of this section.

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

The Anderson-Oconee-Pickens Mental Health Center had as its central purpose during 76-77 a management system that assisted in achieving the establishment and implementation of uniformly high care-giving standards, fiscally sound business procedures, and a pursuit of excellence in all Center Services and functions. The following steps were taken in order to accomplish our central purpose:

(1) The Board of Directors was assisted by center staff in setting up a citizens and professional advisory committee. Such a committee is required by Public Law 94-63. Ground work was laid in 1976-1977 and the committee will be functioning by September, 1977.

(2) All services were evaluated to determine whether we were maximizing our resources for service delivery.

(3) We began proceedings for developing a career ladder system for professional growth and promotional purposes for the total staff.

(4) A legal committee was established to engage ourselves and have a good working knowledge of legal issues facing mental health professionals, such as: the right to privacy act, the right to adequate treatment issue, confidentiality and the patient's Bill of Rights.

(5) The computerized management information system was broadened by developing an internal appointment system. Additional elements of the management system are forthcoming, and will include a billing system, cost analysis system and outcome effectiveness system.

(6) The scope of the Crisis Intervention Center was broadened dramatically especially in the last two quarters of fiscal year 76-77. A program for public relations was established; more efficient use of staff and staff time; and more involvement with consultation and education efforts improved the over-all functioning of the Crisis Center program.

(7) One of the greatest accomplishments the Center achieved in 1976-1977 was to develop a plan and means whereby much needed additional space could be provided. Two modular units are presently under construction. The units combined give approximately 36 hundred square feet of additional office space for both clinical and administrative personnel.

(8) An update of the Anderson-Oconee-Pickens Mental Health Center Brochure was developed and made available to new patients entering the center and the public-at-large.

(9) Management capabilities of all service directors and coordinators have been strengthened by an on-going training program for improvement of managerial knowledge and skills.

Even though there continues to be much room for improvement in providing the twelve essential services as required by Public Law 94-63, our purpose to render high care-giving standards and fiscally sound business practices remains first priority.

SANTEE-WATEREE MENTAL HEALTH CENTER

This past year has been an intensely active one for the Santee-Waterree Mental Health Center. The Center has continued to grow, to develop and to refine its programs and to stay attuned to its larger community. The demands of a tightening economy, the uncertainty of third party payors, the additional accountability restraints and the increased demands of the requirements of the Mental Health Centers Act (P.L. 94-63) have all made it difficult to develop in an orderly, planned fashion. However, our aim has continued to be to offer quality services to persons in our four county catchment area, to meet as many mental health needs as possible within staffing and fiscal constraints and to meet the demands of funding bodies in a logical, orderly manner. It is felt that this goal has been accomplished with some success.

The major accomplishment over the past year has been to evaluate the organizational structure of the Center and to redesign this structure. The purpose behind this reorganization was to develop clearer staff responsibilities, to establish orderly administrative lines of authority and most importantly, to accommodate the additional services required under the Mental Health Centers Act. The product of some months of study was a design which appeared to accomplish these purposes. With testing of the reorganization during the latter part of the year, it is generally felt that better direction is being given to services and a beginning has been made in establishing new services. The patterning of services through the reorganization will become apparent in the following discussion on individual services.

1. Program Coordinators: In order to bring emphasis to and advocacy for special groupings of patients, coordinators for programs in the areas of children, elderly, pre-care/aftercare and substance abuse were designated. These coordinators work across program lines and are to assure that both direct and indirect services are sensitive to and meet the special needs of these special groups.

A. Children's Services: Four teams of three professionals each are located in the four offices of the Center and are responsible to the service chiefs in these offices. These teams are to develop a service in each county for children and their families. Consultation and education are important components of this function. As indicated, the coordinator's role is one of assuring consistency in this program but with the flexibility of each team meeting the

needs of their individual counties. With experience, the teams have become better established and more attuned to their communities.

- B. Elderly Services: This is a new service and touches all of the direct services. The coordinator has the task of developing a program emphasis for the elderly, using existing direct services. A major focus is the integration of the Center's services with the individual county Councils on Aging and other community organizations concerned with the elderly.
- C. Pre-Care/Aftercare Services: The Pre-care or Aftercare patient can be served in a variety of modalities, and for this reason it is crucial that continuity of care be emphasized. The coordinator has the responsibility for assuring that continuity. Specific services will be discussed below.
- D. Substance Abuse Services: As with other categorical groups of patients, services geared to meet the special needs of substance abusers are delivered. For instance, substance abuse group meets weekly. Additional emphasis has been given to coordination of the Center's services with the programs of the various county Drug and Alcohol Commissions. It is the coordinator's role to assure program emphasis internally and integration with other community services.

2. Quality Assurance: Encompassed under Quality Assurance is assessment of community needs, evaluation of services, peer and records review. Over this past year, special attention has been given to the format of records with greater emphasis on peer review.

3. Direct Services: A Chief of Direct Services has been designated and is responsible for the operation of the following:

- A. Inpatient Services: This twenty-one bed short-term psychiatric inpatient unit continues to be administered by Tuomey Hospital under contract with the Center. Two Center staff are housed on the unit and act as liaison between this service and the remainder of the Center's services. This arrangement has been effective in increasing the therapeutic program on the unit and in assuring continuity of care for patients being released.
- B. Partial Hospitalization: This program has continued to be one of the more vital of the Center's services. Additional staff were added during the past year to give greater focus on the more chronic patient who was being maintained in the community. The aim has been to increase daily living skills and therefore, self-sufficiency. As in the past, extensive use has been made of community resources to broaden this program.
- C. Transitional Living Services: This is a new service begun during

this past year with major emphasis on developing community living resources for those patients returning from a psychiatric hospitalization. This program works closely with Aftercare and Partial Hospitalization Services. Due to fiscal constraints and the difficulty in developing living resources, the priorities of this program are currently under reevaluation.

D. Crisis Intervention Services: In order to give greater continuity to the walk-in/crisis service and the after hours emergency service, both components were placed under the direction of a unit leader. The walk-in service was repatterned to make more efficient use of staff time and greater attention was given to patient disposition after the initial contact. The results have been a smoother and more timely movement of patients into service. The after hours emergency service continues to operate efficiently and effectively with rotating staff and medical back-up.

E. Outpatient Services: The Center continues to see a large number of patients on an outpatient basis through individual, marital, family and group therapy. Outpatient teams function as in the past but with greater emphasis on the appropriateness and quality of service.

F. Aftercare Services: The functions of the Aftercare Services have been clarified with better identification of the patient in aftercare status and better tracking of the patient as the patient returns to the community. Closer liaison has been maintained with each of the long term psychiatric facilities. As a result of these factors, patient-care has been more individualized and more carefully monitored. Regulation of psychotropic medication continues to be available to those patients on an aftercare status.

4. Satellite Services: This Center maintains offices in Clarendon, Kershaw and Lee Counties. While these offices continue to receive support from the central office, each of these offices are manned by capable staff who are sensitive to their individual communities. The major services delivered from these offices is outpatient services for both children and adults, crisis intervention services, aftercare services and consultation and education.

5. Resource Development: Under the direction of a section chief, Resource Development is responsible for the following:

A. Consultation, Education and Prevention: This Center has maintained strong and close working relationships with other community agencies. There has been a mutual sharing of responsibilities and as a result, consultation has been in place and functioning well. For this reason, major emphasis has been placed over the past year on education. An attempt has been made to

work with media in a more organized fashion. Other community education efforts include such activities as two ministers groups which meet regularly, an ongoing program with Parks and Recreation and workshops. A highly successful workshop, focused on the disabilities of the elderly, was held for community professionals and paraprofessionals.

- B. Rape Prevention, Intervention and Control: This new service has been focused on surveying other programs, gathering information, identifying and developing collaborative relationships with other organizations concerned with rape and the rape victim. Initially, the program is identifying community needs in order to develop a program direction and for that reason, is still in its beginning stages.
- C. Staff Development: The Center has continued to place a priority on the upgrading of staff skills through participation in Departmental sponsored workshops and in-service training. More clarity has been obtained on the training needs and programs have been designated to meet those needs. For instance, two workshops were held over the past year, one focused on Crisis intervention techniques and the other on psychopathology.
- D. Volunteers: In order to recruit, train and supervise volunteers, a staff member has been designated to carry out this responsibility. As a result, better direction and more cohesiveness to the volunteer program has been given.

6. Administration: The many facets of the Center's program could not function without the high quality of support given by the administrative staff. This Center continues to give major attention to its sound fiscal management.

Another singular achievement this past year has been the implementation July 1976 of a Management Information System, computerized at the state level. Typical of any new computer system has been the emergence of numerous procedural problems which are gradually being resolved. Much refinement is yet to be accomplished particularly in the area of utilization of the products of the system. Despite the relatively low level of sophistication achieved thus far, the scope of information already vastly exceeds that which was previously available. The potential for quality assurance, evaluation, and needs assessment is a definite asset to future growth and development.

The Board of Directors has continued to be committed to this Center's programs and has remained involved and supportive. With the Board's interest and direction, this Center looks forward to the coming year, to continuing in its commitment to offer high quality, caring service to the citizens of this catchment area.

THE WACCAMAW CENTER FOR MENTAL HEALTH

Indicative of the change and growth taking place within this Center is the fact of our name change. The Mental Health Center for Horry-Georgetown-Williamsburg Counties is now The Waccamaw Center for Mental Health with an office in Conway, Georgetown, Kingstree and two new offices in Myrtle Beach. One, used as the base of operations for the planning grant staff as well as the delivery of direct services; and the other the result of a unique outreach program developed to suit the needs of substance abuse clients within five black communities.

The major thrust for this year has been the development of plans to move from Clinic to Comprehensive Mental Health Center status. The planning grant staff was hired and has coordinated a center-wide involvement in the needs assessment and planning process. Surveys and interviews have been used to ask the general public, former and present clients, business and industry, education, medicine and other groups, what they see as the needs for a Comprehensive Mental Health Center program in this area. Groups of staff have taken this and other data and begun the process of developing models for how to provide these services in a rural area such as this.

This year, for the first time, we have psychiatric coverage in every office. We have a physician in each clinic at least three days a week, which has enabled us to keep up with the increased demands for accountability from funding sources and to enrich our services. These specialists are involved not only in direct services but also in consultation to Center staff and the surrounding medical communities.

We have also seen expansions in the whole range of services provided. The Center is now providing group and individual therapy to adolescents and adults in the evening as well as during regular hours. The precare and aftercare program has been expanded at both ends. We have developed stronger ties with the hospitals and have been able to use local alternatives to state hospital admissions more often. The activities program has been expanded to the limits of staff availability and beyond with the use of strong volunteers.

Consultation and education continue to be an important part of our program. Center staff have been involved in providing consultation to a broad range of agencies and groups in the community. In addition, Center staff have been involved in the planning and guidance of programs for both professionals and public on a county, state, and national level.

The Center has begun slowly to develop a sheltered living program by locating and licensing boarding homes. This program has been slowed by turn-over and the unique problems of such a program in a rural area.

It holds a lot of promise for the future as we grow in the coming years.

The major challenge of the coming years is clearly that of initiating the expansion of our services into full Center status.

TRI-COUNTY MENTAL HEALTH CENTER

The Tri-County Mental Health Center is a non-comprehensive mental health operation that provides outpatient services for the people of Chesterfield, Marlboro and Dillon Counties.

At the present time, Center personnel maintain four full-time offices which are located in the following cities: Chesterfield, Cheraw, Bennettsville, and Dillon.

1) During fiscal year 1976-77 the total staff increased from thirteen to twenty members. Although the Tri-County Mental Health Center remains a relatively small enterprise, the expansion of programs and the number of services rendered during fiscal year 1976-77 reflect the strength and dedication of the staff.

The above staff, which includes only 13 professionals, was involved in 5896 direct patient treatment contacts. The staff participated in an additional 2012 "face to face" contacts with family members in an effort to increase family/patient support systems and to facilitate a nurturing understanding of patients. Another 192 collaterals were seen in an effort to promote patient welfare. And, finally between 937 and 1050 hours of consultation and education was provided for the community.

With the small expansion in professional staff, the Center has undergone some designation of employees according to special service areas. Several services were developed during fiscal year 1976-77 including: a) The Alternate Care/Transitional Living Program in Cheraw, b) Special Services for Alcohol and Drug Abuse, c) Precare Program expansion of services, and d) the development of Socialization Programs.

2) Local transportation problems have improved with the purchase of a van. However, there continues to be a need for additional funds to contract with area providers to transport people in outlying communities.

3) The Center staff developed a Comprehensive Mental Health Center Planning Grant Application under P.L. 94-63. Local public support for the planning grant has been high as demonstrated by approximately 1200 names of concerned citizens on petitions and 50 - 60 letters from local agencies supporting the project.

4) The Tri-County Administrative Board has:

- a) Initiated a rotation system for membership.
- b) Participated in two Board Training Seminars.
- c) Selected Mrs. Betty Rogers of Pageland as the new board chairperson.

- d) Been active in the development of services and planning for the future.
- e) Moreover, the Tri-County staff has developed a Professional Advisory Committee to participate in planning with the Administrative Board.

Additional Center Achievements

- 1) Participation in the S. C. Department of Mental Health Management Information System.
- 2) Developed Memorandums of Agreement with S. C. State Hospital and Crafts-Farrow State Hospital.
- 3) Developed the Center's first Alcohol and Drug Abuse Plan of Action.
- 4) Provided a summer day camp experience for emotionally handicapped children.
- 5) Provided a workshop luncheon and needs assessment session for 45 elderly patients.
- 6) Staff developed standardized intake interview format.
- 7) Improved Standardized Records Format — making current treatment information more readily accessible.
- 8) Assisted in the formation of the Dillon County Mental Health Association.
- 9) Staff has been instrumental in the development of Multi-disciplinary Task Force teams in each county.
 - a) This interagency group has been cooperatively working together on such problems as child abuse and neglect and emergency services.
- 10) Recognition should also be given to the 38 volunteers that provide manpower, finances, and meals for many Tri-County programs.

Center Needs

- 1) *Financial Resources:* Financial resources are needed to provide the twelve essential services mandated by Public Law 94-63.
 - a) An increase in the State Precare/Aftercare allocation in order to maintain the current level of services for approximately 328 aftercare patients.
- 2) *Manpower Needs:*
 - a) Manpower needs include the need for additional *psychiatric coverage* for programs.
 - b) Additional staff is needed in order to designate staff for special service areas.
 - c) Development of new services will be contingent upon obtaining additional staff.

Plans for the Future: The Tri-County Mental Health Center intends to prepare an Initial Operations Grant Application under P.L. 94-63 for fiscal year 1978-79.

SPARTANBURG AREA MENTAL HEALTH CENTER

This year has been an unusual one for the Center with many trying times for both the staff and program supervisors. In many ways, it has been a tempering of the steel that is the backbone of this or any organization, its leaders, and its staff. The Center has suffered through several major crises and has emerged the stronger from these experiences.

The fiscal year began with the phasing out of the eight year federal staffing grant which had provided a large portion of center funding. It was a moment of truth when state, local and fee support were the sole sustenance for the present staff to furnish the five basic services required to remain a comprehensive center. With the aid of the state office, the counties and a new fiscal management system of accountability, credibility, and collectability, comprehensive services were maintained and there was a resultant increase in collected fees from \$101,000 in FY 75-76 to approximately \$192,000 in FY 76-77.

The Center applied for and was awarded a \$150,000 Distress Grant, but due to lack of federal funds in this area, could only receive \$84,260. A federal conversion grant for \$250,000 was awarded for the separate identification and expansion of services to the catchment area. Experienced personnel are in charge of each of the twelve services. The hiring for expansion was a task made unduly difficult for the program director and staff because of job freezes and misunderstandings in communications with state and federal liaison personnel.

The beginning of the new calendar year brought sweeping changes. The Board of Trustees gained eight new members; Dr. Samuel Kilgore, psychiatrist director for nearly 20 years resigned; and the search for a new director was begun.

During this period, the problem of medical coverage became acute. Had it not been for the local Family Practice physicians providing medical services it would have been impossible to maintain several facets of center services.

It was indeed a time of transition: the closing of a lengthy chapter in the Center's history and, with the hiring of Dr. William S. Powell in June, the beginning of a new era. Morale has changed rapidly as the Center looks to the future and new active leadership.

Despite all the problems with "double messages" and frustration with state and federal agencies, the center was able to accomplish many of its goals and objectives as well as improve its image and services. (The one critical area of need is the securing of an additional psychiatrist.) Accomplishments include:

Permission was granted to revise the funding period for both the Conversion and Distress grants from October-September to

February-January (1978). This change provided the time needed to recruit and employ higher level professional staff. When hiring is complete, the staff will have increased from 52 to 99; at present it numbers 74. The twelve basic services are organized in separately identifiable programs with program coordinators as required by PL 94-63.

Because of the lack of a psychiatrist director during the last six months, screening had to be more restricted. The use of the Partial Hospitalization service for around the clock observation in this interim worked out well, but with reduction of this type of utilization more group oriented treatment services will be planned for evening hours.

Under the aegis of the Consultation and Education Program, contracts have been established with the Sheriff's Office, the South Carolina Department of Corrections, school districts, the Boys' Home and the Girls' Home. New working relationships have been fostered with the jail wardens, prison camps; consultative and treatment programs are underway with the counties' Drug and Alcohol Commissions and the Davenport Detoxification Center.

New quarters for the Union Satellite that are both pleasant and accessible have been rented. The Pre-Care, After-Care, Transitional Care, Drug and Alcohol services are in newly rented and renovated facilities near the main center.

Professional staff are involved in on-going in-service education and case presentations. One highlight of in-service training was a two-day workshop presented by Dr. Richard Goodling on the topics of professional supervision techniques and the importance of fee setting.

Some staff members are actively involved with state personnel in a variety of planning endeavors including participation in the planning for Village B. Specific focus in this activity has been in provision of services for children and the aging as well as total patient care.

The Center has active programs for students from the University of South Carolina School of Social Work, the residents in the Family Practice Program at Spartanburg General Hospital and the nursing students from University of South Carolina-Spartanburg.

There are problem areas as yet unresolved. They are probably those experienced by other centers: lack of space; uncertainty about funding; development of effective public relations; refinement of communications both internally and with local, state and federal agencies.

When all elements are taken into consideration, the focus of the Center remains the same: to provide quality mental health services to

the people of the catchment area. The center has, and continues to, offer high quality care to its clients. The conflicts and crises which staff members have faced this year have provided opportunities for growth and a look forward to a brighter future.

CHARLESTON AREA MENTAL HEALTH CENTER

The eight-year-long federal funding wave for staffing crested and broke for us a year ago. Fiscal 1976-77 has been a year of transition, or rechanneling effort, of clearing murky cross-currents, and of avoiding the undertow of service delivery curtailment due to tight budgets.

We have maintained staff and increased patient contacts by seven percent and also increased community service hours twenty-four percent. Fee collections have increased by twenty-five percent, and a federal Financial Distress grant was obtained. Through a special purpose grant from the State Department of Mental Health we added staff to implement an Emergency Intervention System (E.I.S.). Using space in the Center and the Charleston County Hospital emergency room, this project proposes to reduce commitments to central state hospital facilities and build additional community and family support systems for our more seriously disturbed patients.

Transitional Half-Way House service has grown during the year primarily in terms of the number (68) of MH clients who have been placed in boarding homes between October 1976 and June 1977. Closely allied with this, our follow-up (Precare-Aftercare) program has continued quality care for an extremely high caseload and also found time to do the planning and begin to implement a program for comprehensive service delivery to older people.

A stronger focus on accessibility of service and community consultation and education is seen in several areas. The designation of a director for Outpatient services and a permanent full-time Intake Coordinator has greatly improved patient flow and staff utilization. The accessibility of Crisis Counseling services has doubled, and the Crisis Intervention staff has continuously been involved in providing high quality local and state professional education. In addition, this staff completed a formal collaborative merge of agencies to support a grassroots 24-hour telephone counseling service, provided training services for their counselors, and began a 24-hour MHC professional back-up for that service. The Center itself also started a continuous phone watch this year. The police training project for domestic crisis intervention obtained second-year LEAA funding and expanded as scheduled to provide training to the North Charleston and the Charleston County police departments. Our director for chaplaincy received formal accreditation for a

Clinical Pastoral Education (CPE) program, and through community workshops and innumerable appearances has developed support for and involvement in mental health programming. Our excellent Child and Adolescent service has again been active in the consultative and educative area. In a highly professional and polished manner, they published *A Therapist's Guide for Training Parents of Behavior Disordered Children*, which should have at least state-wide circulation. In addition, they developed an organization called Youth Alternatives of the Charleston Area, Inc., for the purposes of coordinating community services to children and adolescents, developing new services to meet existing needs, serving as an advocacy group for youth, and providing inservice training across agencies.

A developing focus also on accountability is seen in different areas. Our MH inpatient unit is approaching utilization review through adoption of a dual treatment team concept. The total MHC staff received training in use of a management information system during the year, and the Center adopted the system at the end of the year with the competent help of a dedicated secretarial staff. We also implemented a comprehensive medical record system center-wide which is designed to meet newly published standards in this area.

The Center maintained its commitment to training during the year. We operated a variety of training/practicum experiences, some free, some on a contract basis, for students from in and out-of-state colleges and universities. Our internal training needs were ably administered by a standing committee of our Staff Advisory Committee, providing eighty-three training experiences for professional and administrative staff. We attended, hosted and acted upon training inputs in the area of minority utilization. We provided training in management by objectives for managerial level staff.

In summary, thus far in this era of reduced financial resources, we have managed to grow, change and accelerate service delivery, rather than suffer disillusionment, cutbacks and fragmentation of effort. This has been due in large part to the efforts of an excellent staff, well led. A reflection of this quality is seen in our director receiving the Outstanding Employee Award for the Community Mental Health Services Division for this year.

CATAWBA CENTER FOR GROWTH AND DEVELOPMENT

First, it should be noted that our facility has been renamed. Much thought went into this renaming and some benefits are clear: (1) it identifies that the Center is located in the Catawba area and (2) that in the provisions of mental health services we strive to enable individuals to realize emotional growth and development toward capacity. Many favorable comments have been received about this name change.

In addition to the name change, the next most recognizable difference we have realized this year is moving into a new structure of slightly more than 9,000 square feet. This is a very pleasant, open appearing building that lends itself to much versatility. The space is well arranged and can be efficiently used. One sore realization is that we have already outgrown the structure, having a total of 37 staff members, which pushes the utilization a bit beyond optimum capacity.

We have continued our recruitment efforts through this year toward attracting more minority staff members. We have had two minority staff members resign during the year for what they considered to be more attractive positions but have attracted more minority staff (blacks) than we lost through resignations. Moreover, more of these staff are at professionally trained levels than the ones who resigned.

After serving as acting psychiatrist-director of our facility for more than one year, Dr. Johnson resigned from that position late in this fiscal year. The program director has been assigned the overall responsibility for the operation of the Center. Recruitment efforts to attract a psychiatrist who is interested in administration have been unsuccessful. Our Board, although continuing to seek such a person, is exploring the feasibility and advisability of seeking someone who would be primarily involved in direct patient care, which is the area in which much psychiatrists' time is needed.

A coordinator of volunteer services has been appointed and training sessions for volunteers have been conducted. This is a continuing effort as volunteers continually come on the scene and exit from it. We find volunteers to be most helpful in our partial hospitalization program where they interact with patients.

Both our satellite clinics, one in Chester and one in Lancaster, have provided a rather broad range of services throughout this year. These include, outpatient services, aftercare, substance abuse, consultation and education, and some unscheduled-emergency contacts. The Chester satellite intensified its consultation efforts within one selected school, realizing a rather remarkable result. It appears that the Lancaster Satellite has been confronted with requests for a great number of emergency-like contacts and much staff energy has gone into providing many services. During this year, arrangements have been made to purchase a building in Lancaster that is to house the Satellite operation there. It is anticipated that the structure will be ready for occupancy late this summer.

Following an unsettling site review in March of this year, our Board has become much more involved in evaluating and planning for the Center operation. There were some managerial problems noted and as a result a consultation sequence for managerial and administrative staff has been initiated and is to continue into part of next fiscal year. The goal

of this effort is to bring about better delivery of services to patients through a more adequately functioning Center. The staff has seen a need to reorganize itself in some manners. In Rock Hill, where the largest number of services are provided, services have been grouped into three service areas: (1) Crisis Stabilization, including inpatient, emergency, and partial hospitalization, as well as precare contacts; (2) Growth, when primarily outpatient scheduled contacts occur; (3) Sustenance, primarily involving aftercare and transitional services. We have identified program-manager type persons who will be responsible to see that services to persons in the area of substance abuse, child and adolescent, and rape victims are provided appropriate services.

In addition to the reorganization mentioned above an identified core staff to work with childrens services has been identified. All children are seen by these persons and programming for this age group has been identified.

Rape crisis services have been planned for and the specifics are now evolving. Rape prevention is part of our consultation and education services and so are services to the elderly; for the elderly there is an advocacy for services through contacts with senior citizens program in existance.

Our inpatient care here in York General Hospital has grown quite drastically. Our capacity is approximately ten and during several weeks recently this capacity has been reached. Security capability in one room is nearing completion. This will enable us to treat some patients who we heretofore have been having to send to the South Carolina State Hospital system.

Partial Hospitalization has continued at a very busy pace. This program operates from 9:00 a.m. to 1:00 p.m. Monday through Friday.

Efforts to establish a detoxification Center have been exerted but not fruitfully. The plan was to contract with the local Council on Alcoholism to provide the 24-hour services for those who were not in an acute stage but due to lack of materialization of funding, this has been impossible to bring about. Consultation with the three alcohol and drug commissions of our three county area is being continued by our addictions specialist.

Our aftercare services have continued in our three county area. More effort has been put into re-evaluating and re-determining needs for this category of persons. Although more persons have been hospitalized at the South Carolina State Hospital this year than before, it appears that the length of stay has been much more brief. From precare/aftercare funds hospitalization locally for indigent persons was underwritten for about half of this year. At that time, the funds were exhausted. During the last half of this year, we could not continue paying for these services but persons continued to get their needs met. Transitional services have

grown drastically during this year and it is being realized that this program seems to be enabling many participants to learn skills that make their likelihood of remaining out of the hospital much greater.

C & E efforts have been very recognizable during this year. Group-type training efforts with other organized agencies and groups have been done in a rewarding manner. Our Board has decided that we should explore the possibility of a C & E Grant for next year. This would enable the provision of more C & E services as a preventative effort. Only the C & E service chief is identified as being primarily in the C & E area. It is felt that our efforts could greatly be enhanced in this area if we had one or more additional persons primarily assigned to it. If a grant is realized, this can be done.

Emergency contacts during this year have increased drastically. The referrals by the emergency room at York General Hospital are much more appropriate and our interfacing with that facility has been enhanced. Emergencies from outside the Rock Hill area are referred here for attention.

During this year, our Board decided to increase its membership from 12 to 15. Three additional black persons were added to the Board, bringing a total number of black persons on the Board to four. The Board has also brought into being a Citizens Advisory Council, representing our three county area.

AIKEN-BARNWELL MENTAL HEALTH CENTER

During the year, there has been a large turn-over of staff. Five mental health professionals and three support staff terminated to move from this locale, to go into a different type of work and one into private practice. All but two have been replaced.

In November personnel at the Center started the accumulation of data for the computer. In December, all necessary forms were received and the final implementation began. Due to unfamiliarity with the forms and the learning process, the statistical data for the year is incomplete and any attempt to derive annual figures would be erroneous; therefore, they will not be included in this report. Two facts are that the monthly case load has increased and the number of new clients seen each week has also increased.

Precare-Aftercare

Mental health center therapists continue to provide on-call consultation to the Aiken Community Hospital Emergency service staff five days a week, eight hours a day. Emergency room physicians provide medical assistance in local precare seventy-two hour hospitalizations and emergency admissions to the South Carolina State Hospitals.

The Aftercare Coordinator has established Memorandums of Agreement with Crafts-Farrow, S. C. Carolina State Hospital and is currently negotiating with G. Werber Bryan Psychiatric Hospital. The Aftercare staff continues to provide outreach, hospital liaison and activity and therapy groups. They also coordinate monthly medication check groups in three locations.

Transitional Services

The Transitional Living Program has expanded to include a four-day-a-week Partial Hospitalization Program in addition to the services which already existed. On-going therapy groups are provided for clients from Vocational Rehabilitation, Adult Development Center and Center staff referrals.

Consultation and Education

A more effective referral procedure was developed in consultation with representatives from community agencies. A follow-up session eight months later indicated satisfaction with the procedure. This fulfilled one part of our needs assessment study. Liaison and consultation with community leaders continued to improve. More emphasis in the future will be put on liaison in order to plan for marketable consultation packages.

Drug and Alcohol Related Problems

With the change in leadership of the Alcohol and Drug Commission, better working relationships between the two agencies has been established.

Program Evaluation

High stress areas within the two-county catchment area have been identified through the use of census data and statistics from S. C. State Hospital and correctional system admissions. According to census data, out-lying rural areas have the greatest stress factors. The areas manifesting the greater expression of sick behavior are the urban areas where people are more concentrated.

A survey as to the major mental health problems in the above-mentioned areas has been started. The data obtained thus far has not been processed.

Adult Services

These services cover the bulk of our client population so every effort has been made to improve the quality of care for each type of appointment and for the nature of the session. Staff education is one method of

achieving this goal. As an example, three members of the staff became clinical members of the American Association of Marriage and Family Counselors, two more are working toward this honor and one has applied for the distinction of being classified as a Supervisor.

Interagency Crisis & Information Line

This was begun as a cooperative endeavor between the Aiken-Barnwell Mental Health Center, Aiken County Mental Health Association, Sheriff's Department, Youth Services Bureau and Alcohol and Drug Abuse Commission. Recruitment of volunteers, a grant for hiring a director and public relations work are well under way.

Children's Services

This division provided a variety of services to parents, youth individually, family units and groups in Aiken and Barnwell counties. The groups included adolescents, parents' classes and foster children. Consultation and direct services were available for the Youthful Offenders' Prison, Hitchcock Rehabilitation Center and in the schools.

Future

In spite of the pessimism that could be the aura because of continued budgetary restrictions, audits, increasing paper work, near-to-impossible guidelines for Federal funds and other stumbling blocks, the Aiken-Barnwell Mental Health Center staff is optimistic. Programs have expanded, new ones are constantly being implemented and somehow each minor goal comes to fruition. The major ones will also be reached.

ORANGEBURG AREA MENTAL HEALTH CLINIC

On July 1, 1976 the Clinic had 1,055 active Clinic patient cases. During the year there were 607 new cases and 809 terminations, giving a total active caseload of 853 on June 30, 1977. The large number of terminations, 809, reflects an effort to bring records up to date for microfilming and for entry into the Management Information System. There was a decrease in actual number of new cases opened during the year — 607 as compared to last year's 807 — and the fact that several staff members were heavily involved in grant-writing may account for this.

Direct services provided by the Clinic are essentially the same as last year:

1. Psychiatric evaluation
2. Psychological evaluation
3. Psychosocial evaluation
4. Precare screening
5. Aftercare activities program

6. Chemotherapy
7. Individual therapy
8. Family therapy
9. Couples therapy
10. Adult group
11. Couples group
12. Alcohol group
13. Medicine check group
14. Adolescent group
15. Adolescent parents group
16. Latency age group
17. Latency age parents group
18. Behavior modification training classes
19. Aftercare services in Orangeburg
20. Calhoun County aftercare services
21. Bamberg County aftercare services
22. Crisis intervention
23. Multi-family group therapy

In consultation and education staff members gave over 3,500 man-hours of consultation and education to the community during the year, many of these after hours. Some specific workshops provided were:

- Behavior Modification
- Alcohol Education for School Age Children
- Pastoral Care During the Holidays
- Resurrection Themes in Pastoral Care
- Child Care Workshop

Several staff members continue to respond to invitations to address churches, clubs, classes, and other groups on mental health topics.

This year for the first time the Clinic provided a three-day camp experience for 13 children and adolescents who were in treatment. Several staff members participated in the planning and the camp experience, and Dr. Spencer, Child Psychiatrist, was one of those participants also. Everyone involved gave this first camp a very good evaluation, and the Children and Adolescent Unit plans to have another camp next year.

Program included the following:

1. *Full-time medical director/psychiatrist:*

Two psychiatrists were considered for medical director, but no agreements could be reached. Coverage continues to be provided on a part-time contractual basis with three psychiatrists.

2. *Facility for increased services and additional staff:*

During the year several possibilities were explored and finally as the year was ending a real possibility arose and a contract was signed a few days into the 1977-78 fiscal year. A building with 5,500

square feet was leased on an annual basis. The facility is located within the same block as the existing Clinic. The building will allow expansion and enhancement of both the Children and Adolescent services as well as Aftercare services.

3. *Satellite expansion:*

Rather than moving to 2 or more days a week during the year, 2 or more persons went one day a week to the satellites.

4. *Streamlining the billing/collection:*

This has been done during the year and in addition several staff members have been familiarized with third-party payments. The new billing system has given ready access to financial records for audit purposes as well as increased billings.

During the year the Clinic billed from all sources \$147,939 and collected from all sources \$81,363. Total accounts receivable carried forward were \$18,832, but the future of this money is uncertain and has been all year, so that cautious program expansion has been made on the basis of such uncertainty about carryover funds.

5. *Child and Adolescent Services:*

The Children and Adolescent Unit has been chosen to organize a component to serve as a model for the other parts of the Clinic's service. As that unit moves into another facility, the partial effort it has made will be continued so that it will be achieved very soon. Much has already been done during the year so that it is practically complete.

6. *More Board involvement in Clinic Policy and Administration:*

During the year the Board has been very active in providing guidance in policy and administration, so that this priority has been attained.

7. *Alcohol program in satellites:*

This goal has not been achieved during the year, an important step has been achieved in providing services through the Tri-County Commission so that he currently spends 2½ days there now. A contract with the Alcohol Commission has been negotiated and the terms of this contract are being initiated.

8. *Free flow of communication between Clinic and CMHS:*

This goal has been achieved and there have been numerous personnel meetings, telephone conversations, etc., between the Clinic and CMHS. In addition, there is a significant interchange between Bryan Psychiatric Hospital, Crafts-Farrow, and South Carolina State Hospital and the Clinic, and Aftercare will benefit greatly from this. Memoranda of Agreement have been signed with these institutions and it is expected that these will serve to increase patient continuity of care.

9. *Clinic's liaison with key community agencies:*

This goal has not been actively pursued during the year so that the Clinic relies on on-going contacts to maintain relations with other agencies. Several staff members have such contact, and it is felt that the Clinic has fairly good relations with the agencies.

Need Assessment

A very comprehensive assessment of mental health needs in Catchment Area XIV was completed by Clinic staff. This need assessment served as justification for an Initial Operations Grant Proposal.

Grants

This year has been a significant one in this area with all the Clinic personnel involved in some way in writing a \$1.2 million grant. That has been done correctly at each step so that the grant received a favorable review in Atlanta.

Summary

The Clinic again had a good year, responsive to the community, sensitive to patient needs, and planning for the future.

COLUMBIA AREA MENTAL HEALTH CENTER

The end of the previous fiscal year 1975/76 saw one of the three County Councils restore the amount of its appropriation to the approximate level of 1974/75, thereby recognizing that the Center could not survive another cut of \$100,000 as had occurred in the 1975/76 appropriation. Federal distress and conversion grants were also received this current fiscal year to assist the Center in providing the necessary services and programs to be in compliance with PL 94-63. With this somewhat improved budget situation, the "freeze" on hiring was lifted and some vacant positions were gradually filled commencing in December 1976. It appears that this cautious approach may have been most appropriate, as evidence accumulates that the state legislature may plan to encumber various fees collected thereby decreasing local funds so desperately needed for state matching funds.

Regardless of funding difficulties, it has been rewarding and stimulating to see new services developing and existing services revitalized. A brief description of some of these achievements would seem appropriate.

Inpatient Service: After months of negotiation, on December 28, 1976, a revised "affiliation agreement" was signed by the Center Board of Directors and the Richland Memorial Hospital Board of Trustees. This clarified that 20 of the 30 beds are assigned for Center patients and

that program development for the psychiatric ward is under the jurisdiction of the Center Director. This has resulted in a much closer, friendly working relationship between the clinical staffs of both facilities. As a result, treatment programs are a joint venture, with Center and private patients participating in all ward programs. Renovations were made to the unit including an electronic latching system providing controlled exit when necessary.

Outpatient Service: During this year screening and emergency services were transferred to a new division, the Triage Reception Center, and Aftercare was transferred to another division, Special Services. This has allowed the remaining staff of the Outpatient Service to more actively focus its attention on the various treatment modalities, with particular emphasis on short-term crisis intervention, utilizing the group process with greater frequency. As a result of this reorganization and shift in treatment focus, it is now possible for all consumers to enter treatment within two to three days. Consumers with drug and/or alcohol problems are also treated by addiction specialists through the Outpatient Service.

Triage Reception Center: The Triage Reception Center began in September 1976, responding to the Center's need to address the emergency psychiatric consumer on an immediate basis. This department's primary functions are to be available to those consumers in crisis in several ways, some of which are as follows:

1. To function as a Consumer Entry Point and Entry Clinical Control for all new consumers entering the Center, as well as all re-entries (closed cases) to the Center.
2. To immediately respond to the needs of persons and agencies in facilitating State Hospital admissions and to evaluate the appropriateness of such admissions, with the recommendation of other options as indicated.
3. To function as an emergency service for any and all consumers already in treatment in the Center when that particular service cannot legitimately handle the situation (e.g., by virtue of the psychiatrist or others assigned to that service being on leave, our sick, etc.)
4. To refer to other appropriate agencies and link with the Center Consultation and Education Service for follow-up actions.
5. In appropriate cases, to accomplish speedy evaluation and admission to the Center's Inpatient Service, Richland Memorial Hospital.
6. In appropriate cases, to furnish short-term crisis stabilization services and/or chemotherapy, until the consumer can be properly accommodated in the appropriate treatment modality.

Special Services: The Conversion Grant for the Columbia Area Mental Health Center provided for the development of Transitional and Elderly Services. Due to significant overlap in service area and treatment philosophy a new division of Special Services was developed to combine the following services:

1. *Aftercare Services*, currently staffed by four staff members with the anticipation of hiring one other in the near future. The estimated consumer load as of April 1977 was 1,362.
2. *Transitional Services*, currently staffed by three staff members with the anticipation of adding two. Program currently in operation is the SKIL program which provides training for consumers in independent living. Transitional Services provide linkage with central institutions, community homes, and half-way houses.
3. *Elderly Services*, currently staffed by four staff members with the anticipation of a nurse being hired in August of 1977. Anticipated programs for the elderly are the daycare center in November of 1977 with the total health care approach for the elderly needs.

Special Services provides an added dimension to our Center which makes us more responsive to community needs.

Child and Adolescent Service: Child and Adolescent Service continued to offer the original five essential services. Partial hospitalization services were provided through special programs at William S. Hall Psychiatric Institute (Richland I) and at Pineridge and George I. Pair Schools (Lexington II). Negotiations were begun between the Department of Education personnel and the South Carolina Department of Mental Health personnel toward cooperative ways of responding to new requirements through PL 94-142, (Services to all handicapped). New efforts were begun toward developing agreements and workable procedural statements between the Child and Adolescent Service and other children and youth service providers (Family Courts, Blanding, Family Service, Department of Social Services). New involvements of the Child and Adolescent staff in the areas of child abuse, rape, cancer programs and services to the blind were formalized.

The summer day management program (camp) continued for the fourth year with involvement of approximately 70 consumers in four, two-week camp cycles.

Three Child and Adolescent staff members have been instrumental in opening a satellite office in Winnsboro, one with a consultation/education focus, primarily with ministers, another involved in needs assessment, planning and public awareness and a third in direct treatment focusing on child abuse cases through the Department of Social Services.

Consultation and Education Service: The Consultation and Education Service provided staff assistance and guidance to the Citizen's Advisory Committee. The staff were instrumental in developing a full-time satellite operation in Winnsboro. Two open house programs resulted in the Center being opened to a wide variety of consumers and resource providers. Volunteers were recruited, trained and supervised in the use of their services in all areas of Center operation. Clergymen were trained in a variety of formal and informal settings in the Center, Richland Memorial Hospital and their parishes, in the recognition of mental illness and pastoral approaches to its prevention.

A Consultation and Education Grant was awarded which provided for the employment of two additional staff professionals and a clerk. Services were expanded to include screening of Headstart children and a planned approach to public awareness.

Quality Assurance Program and Staff Development: This is the first full year that the Quality Assurance Program has been fully operational. The following multidisciplinary committees have been staffed and meet on a regularly scheduled basis:

1. Utilization Review Committee
2. Consumer Rights Committee
3. Standards and Accreditation Committee
4. Records Audit Committee
5. Service Record and Forms Development Committee
6. Peer Review Committee.

The program has identified deficiencies resulting in remedial action, improved documentation and increased system efficiency.

The Center participated in a pilot program with the Joint Commission on Accreditation of Hospitals to validate standards for mental health centers. The feedback from the site survey team appeared favorable. Accreditation results are expected in early 1978.

An educational and needs profile card has been developed and included in each staff member's continuing education folder. All participation in workshops, seminars and conventions is controlled through the Staff Development Office. Consideration is given to Center needs, employee career goals and performance appraisal deficiencies in formulating attendance decisions. Numerous in-house workshops are conducted to share staff experience as well as employing consultants with specific knowledge, experience and expertise to improve Center services.

Research and Evaluation: Towards the end of the fiscal year, it was decided that to be in compliance with PL 94-63, and to respond adequately to some of the recommendations made by the survey team of

the Joint Commission on the Accreditation of Hospitals, it would be necessary to expend more effort and money in this area. As a result, the Research and Evaluation Committee was moved from under the Quality Assurance Program and made advisory to the Center Director. A new department is being organized under an Assistant Director for Research and Evaluation, the Quality Assurance Program and Staff Development. This department will be staffed with necessary data clerks, research analysts, and appropriate others as the Center budget permits.

Administrative Service: In order to streamline the activities of this service, as well as bringing the Center into the age of accountability, an accountant was added to the staff at the end of this fiscal year. The personnel section and the Management Information System have been moved under the jurisdiction of the Assistant Director. It is also hoped that a revised system of accounts receivable will be computerized, when and if the Department gives approval.

In summary, the Columbia Area Mental Health Center appears to have weathered some pretty stormy seas following the termination of its staffing grant. Programs have been developed, and accreditation has been sought. All staff have a much greater awareness of what accountability and fiscal responsibility imply. The future would now seem to hinge on important decisions that must be made relative to funding at the department and legislative levels.

PEE DEE MENTAL HEALTH CENTER

The Center has completed its third year providing comprehensive services. The Board of Directors has increased its membership from 12 to 15 and developed a plan to organize a Community Advisory Committee. Our plan of operation this year included goals and specific, time-dated objectives. A change in the business management leadership has provided for a revitalized and effectively organized financial planning and accounting system. Arrangements were completed for a fulltime psychiatrist to join our staff.

The Children & Youth Services Unit became a specific indentifiable program with considerable team progress in the areas of: coordinated community involvement in client treatment planning and problem solving; 150% increase in family therapy sessions; development of Council on Child Abuse; participation in the development of the Florence County Emergency Shelter Program; and several kinds of workshops and seminars. The Aging Program developed a 3 county wide workshop for identifying needs and through C & E efforts plan a broader utilization of community resources. Filling the Addictions Specialist position added to the direct service capability for Alcohol & Drug Abuse Services

as well as promote cooperative arrangements with the local A & D Commissions.

The Emergency Services coordinated through the Help Center processed about 24% of the Center's new admissions. Further steps for increased utilization of the local emergency room have occurred. The professional oncall system has become accessible to 90% of the service area population by increasing the local dialing telephone system capability.

The staff C & E Committee and its Community Advisory Committee has broadened the base of providing C & E Services. A 40 minute audio visual slide presentation was created which tells the story about mental health and the services provided. The unit and general center activity in C & E represents about 11% of staff time. Specific center-community activities have developed about Rape Prevention & Control with community task forces underway and organizing. The Marion County staff have developed a pilot project generating a working model in this area. Under the leadership of our Clinical Chaplain, bi-weekly pastoral support groups continue and several select seminars have been provided.

The Day Treatment Center continues to provide a high level atmosphere of an intense "community treatment milieu." The "house members" as well as other service units have benefitted from the special psychodrama and group therapy focus. The Inpatient Unit at Florence General Hospital has developed regular group therapy experiences which has added to the regular treatment planning. The adding of a social worker functionary has provided broader inter-agency relationships, client referrals and better discharge planning. The 8 bed unit has realized a 76.8% occupancy rate during the year.

The Outpatient Services throughout the 3 counties continue to provide a full range and level of individual and group programs with a specific emphasis on brief therapy. The Aftercare Program has grown and additional screening and activities groups have been developed. The Transitional Living Program recently filled the staff position and has just begun to engage in a comprehensive needs assessment survey. The only Boarding Home in our service area has maintained about 85% occupancy.

C.M. TUCKER, JR. HUMAN RESOURCES CENTER

FACILITY REPORT

Although there has not been a significant change in the patient population or a large increase in staff or the addition of major facilities to the campus, Tucker Center has completed another year of providing the

highest quality long term care services to patients of the South Carolina Department of Mental Health. The Center remains certified for one hundred skilled nursing beds and two hundred intermediate care beds by the South Carolina Department of Health and Environmental Control, and continued to be accredited by the Long Term Care Council of the Joint Commission on Accreditation of Hospitals.

Following the employment of a full-time Director of Professional Services late in the last fiscal year, the Professional Services components of the facility were recently organized. All services relating to the direct care and treatment of patients now report directly to the Director of Professional Services and are integrated into a health care team through the utilization of comprehensive health care plans developed for each patient. Insofar as possible during this year of financial austerity, the Professional Services staff has been upgraded and improved when possible.

In the Administrative Services areas, no additional positions were established during the year with emphasis on utilization of temporary personnel to accomplish the responsibilities during periods of heavy workload. Responsibility for patient transportation was transferred during the latter part of the year from Nursing Service to the Supply and Services branch where a Transportation Section was formed. It is believed that this will relieve Nursing Service and other professional services from the responsibility of providing Vehicle Operators for patient transportation and recreational trips, thereby freeing professional staff members to better carry out patient related programs.

A major project completed during the year was the development and beautification of the rear courtyard areas of the Fewell Pavilion providing much needed outdoor activity and patient living space accessible to residents of this pavilion during the temperate months of the year. Although approval for utilization of funds for such projects is becoming more difficult, it is hoped that the courtyards of the Stone Pavilion can be similarly developed for patient use in the not too distant future.

ADMINISTRATIVE SERVICES

Fiscal 1976-1977 was a year of evaluation, solidification and improved support of Professional Services by the Administrative Services components of Tucker Center. In addition to changes in Food Service, Engineering and Maintenance, Supply and Services, and Registrar Services outlined below, the Administrative Services staff devoted considerable time to budget preparation, expenditures review, and the monitoring of personnel actions to insure that operations of the facility were in conformity with Department of Mental Health procedures and

compatible with the operation of sister institutions. Utilizing a minimum increase in State appropriated funds together with revenue received from the Veterans Administration and the Medicaid Program for care and treatment services, Tucker Center has been fortunate this year to provide increasingly improved services to its patients.

FOOD SERVICE

Operations of the Food Service program at Tucker Center during 1976-1977 was most notably affected by the installation of the 3-M heated food service system for all patients receiving food service in the ward areas. At the time this system was installed, on-ward food service was doubled with service being extended to an additional ward in the Fewell Pavilion and initiated on one ward in the Stone Pavilion. After only two months of operation the system has enjoyed successful comments from Food Service and Nursing Service staffs as well as patients.

Although the Food Service staff has functioned with limited professional support for some time, no deficiencies were noted during recent Certification and Licensure inspections. Active recruiting has been underway for a qualified Dietician to head the Food Service program. It is anticipated that this position will be filled early in the next fiscal year at which time the Food Service staff will be able to expand its services to the Center.

MAINTENANCE AND ENGINEERING

The operations of the Maintenance and Engineering unit of Tucker Center during 1976-1977 were divided into two categories — ongoing maintenance of the buildings and grounds and new improvements or additions to the physical plant. With the employment of a full-time painter on the Maintenance staff a complete interior and exterior painting program has been initiated. The exterior trim of the Fewell Pavilion is now being painted with priority interior painting taking place as needed. During inclement weather in 1977-1978 the interior of the Stone Pavilion will be completely painted. Other general maintenance work on both buildings and grounds has proceeded well during the fiscal year.

The Maintenance and Engineering staff has made several improvements to the facility during the year. Fly screen fans on Food Service kitchen doors were modified to provide an exhaust system for kitchen and dishwashing areas. Plumbing and electrical hookups were completed for the patient ADL kitchen in Occupational Therapy and an additional whirlpool bath with electrical lift was installed in the Stone

Pavilion. With the completion of contract work on the Fewell Pavilion courtyard areas, the Engineering and Maintenance staff are putting the finishing touches on this project to increase the value of these areas for outdoor patient use.

Two major pieces of equipment were purchased during fiscal 1976-1977. A commercial lawnmower with edger and street sweeping attachments was acquired to replace an older machine in use at the facility for the last seven years. An enclosed Ford van has recently been received and is now in the process of being outfitted as an invalid patient transporter. The older vehicle currently in use will be transferred to the Supply and Services branch for use as a small supplies delivery van.

SUPPLY AND SERVICES

In May, 1977 a Transportation Section was added to the Supply and Services branch at Tucker Center consisting of a patient transportation vehicle and one vehicle operator, this section has removed the burden of patient transportation from Nursing Service as recommended by the recent JCAH survey conducted in March of this year. The capability of this section will be improved in the near future when adaptations are completed on the new transportation vehicle recently received.

Continuing education for Housekeeping supervisory personnel remains a priority item for this section of the Supply and Services branch. In addition to training courses for supervisors on the Executive Housekeeper level continuing training sessions are held for all Housekeeping personnel on a monthly basis. New equipment has been placed in service, and new supplies and materials are constantly evaluated in a continuing effort to improve the environment of the Center.

The processing of laundry and distribution of linen has periodically posed problems in 1976-1977. A new fifty pound washing machine was added to the on-campus laundry facility in November, 1976, which permitted some improvement. Although problems in this area remain, alternatives to the present system are currently being evaluated in an effort to improve services.

Inadequate supply distribution, linen sorting, and on-campus storage facilities remains a serious problem. It is hoped that a combined Support-Services facility can be constructed in the near future that will provide adequate space for these operations and free valuable floor space within the patient pavilions that can be converted to patients' use areas.

REGISTRAR SERVICE

During fiscal 1976-1977 a new procedure was instituted for recording passes and leaves of Veterans Administration sponsored patients following the recommendations made by a recent VA audit team from Washington. New chart cover sheets were designed and all patient chart covers have now been revised. During the fiscal year Medical Records of the facility have been examined by various certification and accreditation agencies, and were found to be in very good order.

In addition to the on-going responsibilities of the Registrar Service in providing support for the Medical and Administrative staffs of the facility, personnel have become involved in assisting with the Medical Audit of Title XVIII and XIX patients under delegation of the South Carolina Medical Care Foundation (PSRO).

PROFESSIONAL SERVICES

Fiscal year 1976-1977 is the first full year that Tucker Center has functioned with the services of a full-time Director of Professional Services. Maintaining administrative supervision of treatment personnel, the Director of Professional Services directs a coordinated patient care and treatment program in conformity with increasingly stronger standards for health care delivery established by both governmental and voluntary accreditation agencies.

As a result of some organizational changes within the facility, all care and treatment programs are under the direct administration of the Director of Professional Services. This includes Medical Service staffed by three full-time physicians and a Board certified Psychiatrist Consultant in addition to other consulting specialties available through other facilities of the Department of Mental Health, Nursing Service, Physical Therapy, Occupational Therapy, Activities Therapy, Social Service, Chaplaincy, and Volunteer Services.

Tucker Center has received delegated status by the South Carolina Medical Care Foundation (PSRO) to carry out the medical audit program within the facility and to eventually establish peer review.

NURSING SERVICE

During the year emphasis continued on improving skills in rehabilitative patient care and developing an awareness for greater interpersonal relationships with patients during the performance of patient care services. Nursing personnel have concentrated in assisting patients with adjustment problems to their disabilities and to their new environment, and in re-directing their interests through re-motivation, ADL, and Reality Orientation programs.

The Reality Orientation program, conducted by Mental Health Specialists, is carried out in the ward setting where twenty-four hour reality re-enforcement supplements formal Reality Orientation classes.

In addition to providing direct patient care and devoting considerable effort to the constant improvement of current staff through in-service training programs, Tucker Center serves as a clinical setting for Bachelor's degree nursing students from the University of South Carolina in care of the Older Adult.

PATIENT ACTIVITIES THERAPY

Despite several changes in personnel which occurred during the year, large group activities and most small group activities continued on a regular basis. Significant evening and weekend activities, however, have not been possible to the extent that is desired. It is anticipated that the addition of some personnel to the Activities staff within the next fiscal year will permit expansion of the program into these areas.

Tucker Center continues to participate in the Governor's Intern Program which has allowed twenty-one students to gain career experience in State Government positions during this fiscal year while providing a valuable supplemental assistance to the Patient Activities staff. Utilization of upper-level college students under professional supervision has permitted the Activities staff to extend the range of activities beyond that possible without the student assistance.

OCCUPATIONAL THERAPY

The three members of the Occupational Therapy staff with the assistance of Governor's Intern Program students and volunteers provided a wide range of group and individual services during this fiscal year. Services were provided through two re-motivation groups, one in each of the Center's pavilions, an Activities of Daily Living group, sensory stimulation groups on three levels and individual treatments. Over seven thousand incidents of service were provided for one hundred and thirteen patients in addition to initial patient evaluations carried out by the Registered Occupational Therapist upon recommendations from the Medical Staff and other treatment personnel.

The Occupational Therapy staff worked in cooperation with Patient Activity and Nursing Service personnel to sponsor a number of large special events during the year including a Halloween Carnival, May Day ceremonies, cook-outs, and numerous trips to points of interest in the central part of the State. Further expansion of the Occupational Therapy Program as well as other Patient Activity services at the Center are currently dependent upon the creation of additional Patient Activity space and better utilization of personnel.

PASTORAL CARE

During fiscal 1976-1977 Pastoral Care Program under the direction of a Clinical Chaplain was expanded to include the addition of two regularly scheduled religious discussion groups in addition to therapeutic groups conducted by the Chaplain for the last five years. Leadership of these groups was shared with Student Chaplains from other facilities of the Department of Mental Health and community hospitals to provide a learning experience for the clergy in the problems of the older long term care patient.

Regularly scheduled formal Sunday worship services were supplemented throughout the year with special programs, particularly at Easter, Mother's Day, Thanksgiving, and Christmas. Additional special large group religious activities were planned and conducted by the Chaplain.

Recently a part-time Music Therapist was added to the Pastoral Care Program to assist the Chaplain with Sunday morning services and in the organization of a patient choir. The Music Therapist will also attempt to encourage patients to participate in other activities of the Center.

The construction of a Chapel remains a much desired goal for the Pastoral Care Program, however, the establishment of meditation rooms in each building for patients and their families will be an objective for the coming fiscal year. Continuation of the part-time Chaplain's Assistant with the hope of expanding this into a full-time position will also be pursued.

PHYSICAL THERAPY

Although statistics do not indicate that the patient load has changed considerably in Physical Therapy during the past fiscal year, there has been a considerable increase in the complexity of patient population receiving physical therapy. The most significant change in the department during the past year has been re-structuring of personnel. Following the resignation of a Physical Therapy Aide, this position was upgraded to a Registered Physical Therapy Assistant, thereby providing greater flexibility in the continuance of treatments when the Therapist is away for purposes of annual leave or other reasons.

At the close of the year the department was again fully staffed and had provided additional training through the Governor's Intern Program to students interested in Physical Therapy field.

Major equipment purchases during the year included a tilt table for use with patients who require a gradual increase in load bearing capacity prior to other ambulation exercises. Until such time as additional space for Physical Therapy is acquired no major increases in equipment or personnel are foreseen.

SOCIAL SERVICES

Social Service staff of Tucker Center continued to provide services to facility residents, and their families, in the areas of personal counseling, assistance with financial affairs and discharge planning. In addition the Social Service Department provided the setting for graduate level social work students from the University of South Carolina in the area of services to the elderly and long term care institutionalized patient.

Changes made in the Treatment Team procedure and development of the health care plan during the year relieved the Social Service staff of much responsibility related to the mechanical operation of this program. The staff has been able to devote much more time to providing direct services to patients and families resulting in a greater in-depth involvement in their respective case loads.

VOLUNTEER SERVICES

This year the number of individual volunteers increased significantly and finally became one of the major parts of Volunteer Services Program. Individual volunteers were assigned to Activity Therapy, Occupational Therapy, the Chaplaincy, Physical Therapy, and occasionally to other services. The Center is beginning to build a solid corps of individual volunteers who can be depended upon on a regular basis.

The number of volunteer groups working with Tucker Center also increased during the year. In addition to the volunteer groups which assist the facility during the holiday season, a number of groups are now scheduling regular monthly visits to the facility.

The Volunteer Services office has moved into larger quarters in the Stone Pavilion which will now provide adequate space for volunteers to report, relax following their activities, and discuss future activity plans.

DIVISION OF ALCOHOL AND DRUG ADDICTION

MORRIS VILLAGE

OFFICE OF THE DIRECTOR

This is the first full year of operating our new facility. Admissions have continued at a rate of 120 to 130 per month. A waiting list is still required, especially for adult males.

As the staff increased, office space and conference room areas became inadequate. Families visiting have no space for privacy. The Media Center is presently using a cottage designed for resident care.

The dispersion of the cottages presents a major problem in control of residents. This has been improved by the addition of some video surveillance which should decrease the amount of alcohol brought into the Center.

The use of volunteers has improved but needs additional people.

Cooperation with statewide alcohol and drug agencies has continued to improve. Most of the persons involved have met at Morris Village with the staff.

Road construction to the village remains incomplete. A sprinkle system for the lawn and shrubs has never been installed. Outside areas for activity have been improved but remain far short of our needs.

Significant changes have been made in our treatment system. Treatment has been divided into a three phase program in order to improve treatment for the many levels of needs an individual requires. An adolescent program was designed for those 20 years and younger. This required additional staff but provided a more structured program for this age group. This age group constitutes about 18% of our resident population.

The staff has been working towards preparing the facility for a survey for accreditation.

PROGRAM DEVELOPMENT AND TRAINING MANAGEMENT

The Office of Program Development and Training Management has been most busy this year as Morris Village staff and administration have moved to improve both services to residents and the system of delivering these services.

The organization of resident services is subject to continual evaluation and, when appropriate, productive changes. While the treatment team remains the basic management unit, we have also developed a three phase system which better insures continuity of services. Phase I of one to two days duration is the medical processing area where all medical

services are begun and significant observations are made. Phase II, which is often the next step of one to fourteen days, is an intermediate program which is designed to meet the needs of persons requiring further intensive care and information concerning addictions. Phase III is then the longest and most varied of the phases filled with numerous daily activities like group therapy, activities therapy and vocational rehabilitation, where appropriate. All three phases may be completed for the average resident in six to eight weeks at the village followed by Aftercare Services in the home community.

Additionally, a twenty-four bed Adolescent Unit has just been established to meet the unique needs of this age group. The Adolescent Program has its own full staff and specially designed program which parallels the regular Morris Village services. Included in the full array of services are group and individual therapy, education, activities therapy and social work services. For a more extensive explanation see the Adolescent Program section of this report.

Morris Village staff has been deeply involved in meeting the accreditation standards for alcoholism programs, Joint Commission on Accreditation of Hospitals, over the past six months. These standards are the measure by which Morris Village may evaluate the care and continuity of services to residents. All of this preparation is preluded to a full survey. Even so, we have already experienced a sizable improvement in the area of continuity and quality of services.

TRAINING MANAGEMENT

Staff at Morris Village continued to lead and participate in a variety of training opportunities. During the past year typical training experiences have included:

Group Leader's Training: The Center continues to offer ongoing training for group leaders at all levels of competency. In addition to opportunities for regular and systematic supervisory sessions utilizing video tape, the Center has offered Introduction to Group Therapy, History and Development of Group Modalities, Psychodrama, Action Methods in Group Therapy, The Use of Videotape in Individual and Group Therapy, and Special Problems Discussion Groups.

Training for community professionals and other agency personnel included workshops in Public Speaking, Group Therapy, Treatment Goals Planning, Crisis Intervention, Action Methods in Group Therapy, Warm-Up Techniques in Group Therapy, Public Information and the Media, Dealing with the Alcoholic Patient for Nursing Personnel, and various workshops in Biofeedback methods and techniques.

Schools, conferences and workshops continue to be an important part of the training approach at Morris Village. Many of the Center staff were

involved in the 1977 South Carolina School of Alcohol and Drug Studies both as participants and faculty. Among the workshops and seminars offered at the South Carolina School were Biofeedback Techniques, Aftercare as a Tool of Intervention, Leisure Counseling, Adolescent Treatment Services, Trends in Chemical Abuse, and Social Function and Chemical Use.

In addition, staff have participated in a wide variety of training opportunities with foci particular to their profession or function.

An increasing focus is being placed on regularly scheduled inservice training at the Village. Among the opportunities which have been offered are Basic Counseling Skills, Stress and Substance Abuse, Adolescent Behavior, Group Therapy Techniques, and specially designed experiences for Nursing and Food Service personnel. Additionally, several new staff employed for the Adolescent program were involved in a week-long intensive training program which included Communication Skills, Adolescent Behavior, group exercises and policies and procedure.

Training of Trainers: Several staff at Morris Village have been trained as trainers in specific areas, and will subsequently provide training for other professionals. Among these topics are included The Prevention and Management of Disturbed Behavior, Women in Treatment, Management Skills, Relaxation Training, The Use of Biofeedback Techniques in Treatment and C.P.R.

The staff of the Office of Program Development and Training Management has been involved in several training experiences out of state, including program participation in the Annual Meeting of the American Society of Group Psychotherapy and Psychodrama, the Southeast Regional Substance Abuse and Training Program, the Mid-South School of Alcohol Studies, among others.

MEDIA CENTER

The Morris Village Media Center was made possible through a \$73,000 grant from the S. C. Interagency Council and is used in a therapeutic, educational, training and supervisory capacity. The grant stipulates that all major state branches (education, health, corrections, etc.) have access to the equipment for recording and production purposes. The Media Center has been in consultation with and has assisted or loaned equipment to at least 12 other state agencies. Staff for technical support and production related to this equipment includes a Media Director, Audio Visual Aid/Communications Specialist and Cameraman. Two additional part-time cameramen and one additional part-time maintenance technician were added for the summer of 1977. The Media Center equipment includes a complete color video tape system and all necessary support equipment.

The Morris Village Media Center is involved in training of staff and other professionals throughout the state relative to treatment of chemical addiction. The video equipment is utilized for the production of training films for professionals, the para-professionals, for the supervisor of individual and group therapists, and for the dissemination of information. Group therapy tapings are scheduled for both morning and afternoon and the Media Center averages approximately five groups per week.

An extensive video-tape and audio-tape library has been made available to staff and other professionals in the field of chemical abuse and health related areas. Also, Media Center workshops are held every three months to familiarize staff with the capabilities of and ways in which to use the Center.

Established in conjunction with the University of South Carolina Media Arts Department is a student intern program. Students (about four per school semester) spend nine hours per week in training at the Center.

Because of the demand placed on Morris Village for photographs information of the addictions center, a traveling photo display has been assembled and is used at conferences, conventions, and for community affairs.

LIBRARY AND VOLUNTEER SERVICES

Library

The Morris Village library is staffed by a full-time librarian/volunteer coordinator. Since its opening a year ago, the library has expanded its general reading collection. The library encourages both residents and staff to check out books and related reading materials. With the help of a therapist and librarian, residents are encouraged to read self-help books that tie-in with their treatment program. The Morris Village library participates in the inter-library loan program whereby books can be borrowed from South Carolina State Hospital library, William S. Hall Psychiatric Institute library and Crafts-Farrow State Hospital library.

Volunteer Services

The Volunteer Services program, under the librarian/volunteer coordinator, is designed to provide a continual and coordinated program of activities and services through the discriminating use of volunteers and volunteer organizations. Many unique resources and talents contributed by volunteers enrich the established program and promote positive relationships between Morris Village and other facilities, agencies and the general public. Volunteer aid has contributed to the hortithery program and helped add a more homelike atmosphere in the

cottages. Volunteers also extend the other services after staff hours, such as keeping the library open in the evenings and providing special programs and recreational activities.

ADOLESCENT EDUCATION PROGRAM

The school program for adolescent residents at Morris Village is coordinated with the Special Services Department of Richland County School District One. Instruction includes a remedial program, a program to continue a student's home high school schedule, and a program to prepare for the High School Equivalency Examination. The teachers in the school program are a part of each adolescent's treatment team and the treatment team has input into the individualized educational plan of each student. Credits earned at Morris Village are transferred back to the student's home school. Every effort is made to insure that each resident has a successful school experience while at Morris Village.

CHAPLAINCY

An Advanced (Year) Clinical Pastoral Education program was begun in September, 1976 with four clergymen involved (two United Methodist, one American Baptist, one Southern Baptist). Also a Basic (Summer) program was conducted from June to August, 1977 with five students involved.

Work with residents has expanded tremendously this year. The entire department is involved with Group, Individual and Family Therapy, as well as staff training. Worship services are held on Sunday morning and Wednesday evening with Holy Communion celebrated each third Sunday.

Two video training tapes : "The Price of Sobriety" and "Mirror Therapy" by Chaplain Archie Reed have been retaped in color.

NURSING SERVICE

Nursing Service at Morris Village has expanded to assist several new programs with support service.

The service has completed a policy and procedural manual and is working diligently to have everything in top shape for fall accreditation.

Nursing Service has been able to provide a Group Leader for each rotation of group therapy over the last year and better Treatment Team coverage.

Many members of the nursing staff have been able to attend workshops and seminars and four members attended the S. C. Alcohol and Drug Studies School in Charleston.

Future plans include:

1. A full time In-service program for the Nursing Staff with more involvement in the group program and treatment teams.
2. Nursing audit to improve patient's records.
3. Seminars to stress and strengthen nursing practice.

MEDICAL SERVICE

The Medical Service was expanded to add a physician whose primary duty is that of initial evaluation for history and physical examination of new admissions to facilitate the flow of residents through Phase II. Each new admission is then assigned to a specific staff physician who, for continuity, follows the drug dependent individual from initial physical through medical detection and determination of disabilities and limitations and, potential for participation in the treatment program. Sick call geared within a time-frame to other facets of the program continued to be a significant improvement and referral to the clinical centers was utilized with more meaningful liaison. The departmental complex of clinics is utilized for further examination, evaluation and treatment of residents with substance abuse where indicated and the first specialty clinic within the center was initiated. Experience with individuals having both a drug problem and a serious mental disorder has lead to the formulation of expanded capability for this category of resident, with the Director of Medical Service functioning as psychiatric consultant.

PSYCHOLOGY

This has been a year of reorganization and refinement of policies and procedures for the Psychology Department. The staff is currently comprised of three Ph.D.'s, one Ph.D. candidate, three M.A.'s, and one B.A. With this small expansion of staff, the department has significantly increased its capacity for providing specific coverage and consultative services for all of the different phases of treatment offered at the Center. Specifically, Psychology has become more integrated with Phase II and with the Adolescent Program, as well as continuing its policy of providing psychological representation on each of the three multi-disciplinary treatment teams in Phase III. The individual completing her six month internship with the Psychology Department (in conjunction with the University of South Carolina doctoral program in Counselor Education) recently joined the permanent Psychology staff, and is assigned as Coordinator of the Adolescent Program.

The department has continued its policy of providing psychological assessments on a referral basis; the number of extensive evaluations completed has increased significantly. The process of providing feed-

back to those staff involved in the residents' overall treatment program has likewise been significantly expanded and expedited. The department has also met the increasing demands of completing a standard battery of testing for all residents referred to the School Program.

The Psychology department has continued its policies of contributing to several inter-disciplinary treatment approaches throughout the Center, with its staff members participating in group therapy, family, marital, and couples therapy, aftercare therapy, in the Christian classes, and serving on the Center research committee.

The department has expanded and refined the process of providing supervision and training for its own staff, as well as continuing to stress the policy of mutual exchange of expertise across disciplines. The staff has continued to involve itself in teaching/training programs for Center staff as well as for other agencies and community persons.

The Psychology department is continuing its policy of encouraging further education and training of its own staff members, through endorsing attendance at a variety of workshops and seminars, as well as supporting the pursuit of advanced academic degrees. The department also continues to support the Center policy of providing field placements and other forms of student supervision.

The Psychology staff is currently in the process of developing a more thorough means of conducting psychoneurological evaluations. This is believed to be of fundamental importance to psychology's role with a population of substance abusers, since such abuse may result in neurological impairment. The Psychology department will continue to stress the professional growth of its own staff in the attempt to contribute to progressively improved direct patient services.

SOCIAL WORK SERVICE

This year has seen an increase in staff as the agency refined its total treatment program. Having identified the need for a short term, intensive treatment modality (Phase II), a unit of two Social Workers, supervised by a Clinical Social Worker, has been regularly assigned to this crisis-intervention oriented area. The regular treatment program, (Phase III) continued to operate with a unit of one Clinical Social Worker and two Social Workers on each of the three multidisciplinary treatment teams. Two primary Family Group Therapists have maintained a consistently high level of involvement in this family week-end program, seen as an important adjunct to the total treatment process.

Near the end of the fiscal year, several new staff joined the service as the facility moved in the direction of providing a special program for adolescent chemical abusers. Four Clinical Counselors, supervised

primarily by a Clinical Social Worker, are directly involved in the delivery of services to this area. This brings our current Social Work Service Staff to eighteen: five Clinical Social Workers, four Clinical Counselors, two Addiction Counselors, and one Addiction Specialist — an addition of six new staff members.

The Social Work Service Staff continues to view addictive behavior as symptomatic of dysfunction within the abuser's total person-problem-situation-configuration. Therefore, staff supports the concept of a therapy program which ideally provides a medium of interaction through which the resident can effect changes in himself by learning to deal with problems as they emerge within the residential environment. The staff also considers the maintenance of a realistic orientation to problem-solving essential to rehabilitation of chemical abusers. With an increase in staff, our involvement in the total program has increased considerably. A summary of this year's statistical report is significant of this change, as well as our support of residential contact with staff and significant others during the treatment process.

Additionally, this year we continued our relationship with the University of South Carolina, College of Social Work. During the year, we have offered training experiences for first and second year graduate Students working toward their Master Degree of Social Work.

An important dimension for all staff is one's continued investment in personal and professional growth. The Social Work Service Staff have consistently made themselves available to in-service training, workshops and seminars.

Finally, and most important, staff have been involved in refining our operational manual as we look forward to accreditation this coming fall.

AA Program: The AA meetings continued to be conducted by the Family Program Addictions Counselor. Fifty-two Alcoholics Anonymous meetings were held at Morris Village with a total resident attendance of 3,092. Total attendance by former Morris Village residents to AA meetings at Morris Village numbered 666.

Summary Statistical Report

July 1976-June 1977

Individual Contacts (Residents & Families)	8,897
Group Therapy Sessions with Residents	905
Group Therapy Sessions with Families	340
Couples Group Therapy Attendance (3-4 Couples Weekly)....	52
Family Members Participation	1,069

VOCATIONAL REHABILITATION

During the past year 550 persons addicted to the use of alcohol or drugs were referred to the Vocational Rehabilitation Department at Morris Village. Of this number 475 have been accepted as clients and given services of counseling and guidance, vocational evaluation, personal adjustment training, training for various vocations, placement in employment, and financial assistance to assist in job stability. The facility has been instrumental in returning clients to former jobs, has assisted in new job contacts, and also assisted those who felt themselves capable of advancement through training. Each year the services rendered the residents of the Village have increased. Both the number of individuals served and the quality of services have been improved through incorporation of new and innovative ideas and equipment. During the past year Morris Village has been utilized as a training facility for practicum and intern students. This year four students from the University of South Carolina and other facilities have completed their requirements for Master Degrees in Vocational Rehabilitation areas. With the recently instituted training program and our regular client services, the future looks bright.

ACTIVITY THERAPY

The fiscal year was one of consolidation and growth for the Activity Therapy department. The consolidation involved getting settled into the Village and developing methods of maximum utilization of the staff and programming areas available. The department grew in numbers and quality of services offered. Five new personnel were added to handle the increased responsibilities of the new Adolescent Program, in addition a full-time Horticultural Therapist was added in January.

Staff turnover and the upgrading of positions enabled us to add three additional Master's level people to Recreation Therapy (RT) department. Recreation Therapy continues to offer a variety of socializing activities. Sessions also frequently concentrate on group building skills. This is done so that the quality of the Group Therapy program will be enhanced.

Recreational Therapists have involved themselves in the group training and leadership program. Such support of the group program has been made possible by the hiring of two evening shift personnel. These two staff members make it no longer necessary to pull from the clinical day of the other staff in order to provide evening coverage. Since the shifts of other staff have been stabilized, they are now frequently available for group. Participation in group gives Recreational Therapists the opportunity to work with residents in yet another setting, thus promot-

ing understanding and increased knowledge on the part of both staff and residents.

The Occupational Therapy section has been through a year of stability. Residents are assigned to one of the four shops at the time of their referral to Phase III. This gets them involved in at least one phase of treatment very soon after admission. Each resident is involved in one shop per day. As many as twenty are seen in the Ceramics Studio, and ten each in Textile Craft, Art Therapy, or Horticulture Therapy during each of the three shop periods. Horticultural Therapy (HT) is a full-time option now. This came about with the hiring of a therapist with a degree in HT from Kansas State University. Currently being constructed is a 30' x 60' greenhouse and accompanying head house. The completion of these will expand the types of horticultural activities offered.

The Music Therapy (MT) section is handled on a referral basis. Treatment teams refer residents to MT at the time of staffing based on the need displayed by the resident at that time. The R.M.T. on staff serves approximately thirty residents during the week. They are involved in choir, guitar classes, or other instrumental instruction. Residents demonstrating a desire to follow up on the MT experience are referred to appropriate agencies or individuals in the community.

The Leisure Counseling (LC) program has been strengthened by the implementation of the Pellet Model for LC. This model uses value clarification strategies to enable the resident to examine the value he places on leisure and recreation, and to make choices of recreation with which he will be happy. The author of this program, Lane Pellet-Johnson, is now on staff at Morris Village.

The internship program for Recreation Therapy students continues. During the past year, four students from four different colleges have participated in the eleven-week program.

The grounds of Morris Village are being developed to offer greater activity services. During the past year, one large and three small picnic shelters were constructed, a dock was put in, and plans were drawn for future multi-use slabs to be installed. These areas are used by the Morris Village community for many functions on an almost daily basis.

ADOLESCENT PROGRAM

Morris Village responded to the needs of the adolescent residents by establishing a separate adolescent treatment program. This was established in order to precipitate a response to the currently unmet treatment needs of the adolescent segment of the resident population. It was felt that the adolescents had been comprising a disproportionately high percentage of those residents who leave treatment prior to its comple-

tion. Thus, it was felt that the Village could be giving the resident another failure experience.

The Morris Village Adolescent Program has a maximum resident population of twenty-four which will include both sexes to age twenty. There are four treatment modalities: Milieu Therapy, Recreation Therapy, social work and Family Therapy. There is a staff of 14 which includes ten Clinical Counselors, a Clinical Social Worker, an Addictions Counselor, a registered Recreation Therapist and a Coordinator. Although the program is separate from the Adult Program of Morris Village, it will utilize all available services at Morris Village. This will assist in decreasing the program's isolation as well as enhance the treatment process through its comprehensive approach.

The program will be evaluated in the following areas: academic underachievement, family relationships, values clarification, responsibility for self and one's behavior, assertiveness and self-concept. It is felt that the treatment approach is comprehensive and the program will become an integral part of Morris Village.

PHASE II PROGRAM

The Phase II program has made several contributions: 1) it has provided a more effective screening process for all residents who come to the Village, which enables the professional staff at Morris Village to make appropriate referrals when other programs seem indicated; 2) it provides an opportunity for additional orientation and evaluation when such is indicated; 3) it provides residents an opportunity to specify treatment goals and to gain some understanding of what the treatment process entails; 4) it provides residents with an appropriate program of information and education when such is indicated; 5) it prepares residents for the regular intensive long term treatment program at Morris Village, and allows them opportunity to identify specific and concrete goals which will be addressed in that program. Finally, it should be noted that feedback from the professional staff of the Phase III program indicates that the effect of the Phase II on that portion of the program has resulted in residents going to the long term treatment phase having a clearer understanding of treatment goals and being more highly motivated.

ADMINISTRATION

This was the first full year of operation in the new Earle E. Morris, Jr. Alcohol and Drug Addiction Treatment Center. It was a year of learning to adjust to the advantages and disadvantages of the new architectural concept.

The standards used by the contractor are less than those desired by the Department and have resulted in extensive litigation that has not been completed. In the meantime, considerable effort, time and money have been expended to bring the buildings and grounds up to an acceptable level.

Assigned maintenance personnel plus selected residents on the work program completed a number of projects that add to the beauty and utility of the Center. These include: construction of a 100 foot pier over the lake, construction of a multipurpose athletic field, erection of five picnic shelters, construction of flower beds, erection of a greenhouse and support buildings and planting of ornamental trees.

Funding was inadequate to accomplish the mission however, the Title XX funds earned during this period and planned for program improvement have been withheld awaiting a decision from higher authorities.

REGISTRAR

Admissions Office

This year has shown some increase in the number of admissions and discharges processed at Morris Village. There were a total of 1,384 admissions and 1,442 discharges. The A & D Office has had an enclosed area constructed with counter space for the clerks to work behind without the interruptions from hallway traffic. This additional space has greatly improved the flow of work in the office.

Title XX

The Title XX personnel interviewed a total number of 431 residents and of this number, 318 qualified for Title XX services. As of December 15, 1976, we discontinued taking applications as we had used all funds allotted for Morris Village for Title XX. Since that time, our Title XX contract was reviewed and some changes made which we felt were not to our advantage, therefore, our Title XX office has been closed with no plans for re-opening at the present time.

Medical Records

As the number of admissions and discharges increased, additional space was needed for storage of medical records. Therefore, another Lektriever file unit was purchased and installed in the office. The file space problem has been eased somewhat, however we plan to move out the older records in the near future to a storage area so that sufficient space is allowed for the current records. Carpeting was installed earlier this year and has helped decrease the noise of the machines and traffic in the office.

Post Office

The Post Office ran smoothly this year with few problems. All patients funds, postage, petty cash, and cash receipts are handled by our postal clerk. Postage this year totaled \$2,984.82.

SUPPLY AND SERVICES

During the fiscal year Supply and Services procured four new additional vehicles. Security section has a new police interceptor for its use; Aftercare section has a van for the exclusive use of the Quarterway Houses; Maintenance section has a new pickup truck to aid in construction and repair, but the most valuable addition to Supply is the new dump truck.

The Resident Work Program has developed into an effective organization, averaging employment of 45 residents out of a possible 120. The residents gain useful experience which will benefit them as they return to the community.

The beauty shop is a popular service, averaging 8 to 14 resident appointments per day.

Morris Village continues to draw its clothes, shoes and linen from Crafts-Farrow State Hospital. All other commodities are procured through cooperation with SCDMH Purchasing and Warehouse Section.

SECURITY

Security operations at Morris Village expanded to a twenty-four hour day, and a seven-day week, closing important gaps in coverage. A new center of operations was occupied and a sophisticated video surveillance system was implemented enabling one officer to effectively monitor all means of entrance and exit without the use of physical barriers. A reliable communications system was put into operation providing continuous contact with officers and those with on-call administrative responsibilities.

Contraband control remains a priority concern with 103 separate confiscations having been made. There have been 1,379 tests of residents' breath or urine made with 119 showing use of alcohol or drugs. Several investigations resulted in successful criminal prosecutions.

Sixteen separate training opportunities were taken with most training being offered by the S. C. Criminal Justice Academy, the S. C. Department of Mental Health and the S. C. School of Alcohol and Drug Studies.

Opportunities for Security personnel to enter into the direct treatment process have been taken and further integration of Security staff into the clinical process in anticipated.

FOOD SERVICE

Food Service began its second year of operation at Morris Village on September 6, 1976. We still continue to operate three resident dining rooms equipped with 3-M modules to heat the food. Salads, desserts and bread are still purchased from the Department of Mental Health. We operate one employees' dining room at lunch time only. All four dining rooms have been paneled on the lower half, lending a more appealing decor.

The canteen business has increased to approximately three times in volume since its opening. Many more items have been added to the canteen. New bar stools have been purchased and a new popcorn machine has been installed.

COURT LIAISON

This was the first full fiscal year for the Court Liaison Section and there have been many notable accomplishments. Agreements with the S. C. Department of Corrections and with the Department of Youth Services have been initiated. The Court Liaison Section is also working hand in hand with the new Adolescent Program at Morris Village.

The staff accepted more than a hundred clients over the total reported at this time last year. Four hundred and sixty-seven clients were seen; the greatest number of these were referred through courtworkers of the local county alcohol and drug abuse commissions (128). Other leading referral sources were judges from general sessions (18), family (16), probate (11), and magistrate courts (8), probation and parole office (48), S. C. Department of Corrections (32), and local court intervention program (15). Of these 467 clients, 297 received regular discharges, 97 left without permission and 75 were given administrative discharges. Court appearances by the staff on behalf of residents totaled 25. The staff also testified at 12 parole hearings.

The Court Liaison staff have added to their expertise by attending and participating in various workshops and conferences including the South Carolina School on Alcohol and Drug Studies, Target Women: A task force on female substance abusers, The Working World of Women, and an international conference on "The State of Prisons" in Canterbury, England. One staff member has served on several of the Governor's Advisory Committees concerning criminal justice and one staff member received his masters degree in criminal justice.

PERSONNEL SERVICE AND EMPLOYEE RELATIONS

During the fiscal year 1976-77 eleven five year emblems were awarded to employees of Morris Village.

Campaigns were conducted for various fund drives (United Way, Heart Fund, Cancer, Easter Seal and Multiple Sclerosis) and a total of \$1,218.13 was contributed by the staff. Also, drives were conducted for membership in SCSEA and Mid-Carolina Mental Health Association.

A total of 85 persons were employed and 47 were terminated with 3 transferring to other facilities. We had 16 promotions and 10 reclassifications.

AFTERCARE SERVICES

During the last year, Aftercare Services at Morris Village opened its second Community Residence, began publishing the Morris Village Newsletter and in addition began leading the Narcotic's Anonymous Group. Over 2,300 ex-resident contacts were made as well as more than 500 visits to community agencies.

With the opening of the second Community Residence, the total resident capacity was increased to 34, 24 in the male house and 10 in the female house. A total of 81 residents were referred to the two residences and they stayed an average of 3 months. Group therapy as well as other needed services are provided for both the residences.

The Morris Village Newsletter, first published in October 1976, offers information about both Morris Village and the alcohol and drug area to over 1,200 field workers. In an additional effort to keep the community informed about Morris Village, Aftercare Services sponsored three open houses for both County Commission's on Alcohol and Drug Abuse and Community Mental Health personnel.

Narcotic's Anonymous began in September, 1976 and since that time, over 750 both in- and out-patients were involved. Aftercare therapists also were involved with almost 100 exresidents in either group or individual therapy.

RESEARCH AND EVALUATION

The departmental staff is composed of eight employees, including one Ph.D. counseling psychologist, one M.A. addiction research specialist, two research analysts, one statistician, two statistical clerks, and one secretary.

During the year of 1976-1977, the Research and Evaluation Department was engaged in versatile activities. Time and effort were divided evenly among the following duties: discussing issues of human rights and invasion of privacy with the facility and Department of Mental Health research committees, designing and implementing research and evaluation designs, and participating in direct resident treatment.

The staff completed seven studies which included an update on demographic characteristics of Morris Village residents, review of follow-up data, overall rating of the treatment program, evaluation of Phase II, and information gathering on topics of special interests such as black, female, and readmitted resident characteristics.

The staff conducted ten Personal and Social Skills Training groups which involved over 150 resident participants. Staff members continued to offer biofeedback training. They actively participated in regular treatment activities such as group therapy sessions, treatment team meetings, and community meetings. Finally, the department chief offered a special interest seminar on program evaluation at the S. C. School of Alcohol and Drug Studies.

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

Construction of the G. Werber Bryan Psychiatric Hospital was started in February of 1975. As the fiscal year 1976-77 began there were some optimistic forecasts that this facility would be completed and turned over to the Department of Mental Health in the early part of 1977. However, as the year progressed, it became apparent that the forecast would not be reality. At the end of the fiscal year the facility had not been completed and from all available information it appeared that several months of additional work would be required before final completion.

The most notable occasion of the year was the naming of the facility. On April 5, 1977, the South Carolina Mental Health Commission announced that the facility would be named the G. Werber Bryan Psychiatric Hospital. It had been referred to as Village "A" during the planning period and during the construction phase up to this date. The facility was named in honor of Mr. G. Werber Bryan of Sumter, a member of the South Carolina Mental Health Commission since 1959 and its Vice-Chairman for the past two years.

As the fiscal year began Charles M. Cooper, M.D., was appointed Director of the facility. Dr. Cooper had been the Director of Professional Services at the South Carolina State Hospital until he assumed this position. In addition to the Director, a secretary was added to the staff at this time. As the year progressed other key treatment and supporting personnel were employed. During the first six months of the year the Director and a small group of key staff personnel devoted their efforts to the selection of equipment and furniture and planning for a number of operational aspects of the facility. Additionally, considerable time was devoted to the development of staffing patterns, preparation of position descriptions and the interviewing and selection of key staff members.

In February of 1977, the personnel who had been employed by the facility moved into a temporary office building on the campus of Crafts-Farrow State Hospital. Since that time, the entire staff has been deeply involved in program development, training activities, development of policies and procedures, and recruitment of other personnel to be employed when the facility becomes operational. During this period, personnel recruited for the hospital maintenance group were being oriented to systems in the facility and making improvements in the area surrounding the hospital not included in the construction or landscaping contracts. This included the clearing of heavy undergrowth and the elimination of potentially hazardous ditches and water holes. A storage building for soiled linen and maintenance equipment was also constructed by this group.

As the year came to a close, the staff of the G. Werber Bryan Psychiatric Hospital was eagerly anticipating its move into the new facility. However, everyone seemed to be fully aware that the task of making the dreams and plans of many years an operational reality was indeed a formidable task, but an opportunity and challenge which would be deeply rewarding.

STATISTICS

**HOSPITAL SERVICES
GENERAL STATISTICS
FY 1976 - 1977**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	2141	1883	4024
On leave without permission	72	39	111
Total	2213	1922	4135
Admissions during twelve months:			
First admissions	2170	1140	3310
Re-admissions	2030	1114	3144
Transferred in	87	86	173
Total received	4287	2340	6627
Total on books during twelve months	6500	4262	10762
Discharged from books during twelve months	4129	2172	6301
Died during twelve months	159	156	315
Transferred out	87	86	173
Total separated	4375	2414	6789
Patients remaining on books at end of hospital year:			
In hospital(s)	2068	1823	3891
On leave without permission	57	25	82
Total	2125	1848	3973
Daily average in hospital(s)	2062	1821	3883
Regular discharges from LWP	341	113	454
Left without permission	584	207	791
Returns from LWP	204	75	279
Regular discharges	3733	2026	5759
Statistical discharges	55	33	88
Types of admissions:			
Voluntary	1662	778	2440
Medical Certificate, Non-Judicial	7	7	14
Medical Certificate, Emergency	1805	1199	3004
Judicial	34	17	51
Court Order	568	51	619
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	124	202	326
Total	4200	2254	6454

**SOUTH CAROLINA STATE HOSPITAL
GENERAL STATISTICS
FY 1976 - 1977**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	1027	748	1775
On leave without permission	21	17	38
Total	1048	765	1813
Admissions during twelve months:			
First admissions	1095	495	1590
Re-admissions	1282	648	1930
Transferred in	22	11	33
Total received	2399	1154	3553
Total on books during twelve months	3447	1919	5366
Discharged from books during twelve months	2356	1161	3517
Died during twelve months	28	20	48
Transferred out	40	43	83
Total separated	2424	1224	3648
Patients remaining on books at end of hospital year:			
In hospital(s)	1001	683	1684
On leave without permission	22	12	34
Total	1023	695	1718
Daily average in hospital(s)	1002	686	1688
Regular discharges from LWP	3	0	3
Left without permission	214	68	282
Returns from LWP	163	43	206
Regular discharges	2304	1131	3435
Statistical discharges	49	30	79
Types of admissions:			
Voluntary	357	278	635
Medical Certificate, Non-Judicial	1	0	1
Medical Certificate, Emergency	1426	800	2226
Judicial	19	6	25
Court Order	540	49	589
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	34	10	44
Total	2377	1143	3520

CRAFTS-FARROW STATE HOSPITAL
GENERAL STATISTICS
FY 1976 - 1977

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	816	932	1748
On leave without permission	5	4	9
Total	821	936	1757
Admissions during twelve months:			
First admissions	250	243	493
Re-admissions	182	209	391
Transferred in	6	5	11
Total received	438	457	895
Total on books during twelve months	1259	1393	2652
Discharged from books during twelve months	370	324	694
Died during twelve months	104	114	218
Transferred out	13	26	39
Total separated	487	464	951
Patients remaining on books at end of hospital year:			
In hospital(s)	768	926	1694
On leave without permission	4	3	7
Total	772	929	1701
Daily average in hospital(s)	766	926	1692
Regular discharges from LWP	3	0	3
Left without permission	19	9	28
Returns from LWP	14	8	22
Regular discharges	364	322	686
Statistical discharges	3	2	5
Types of admissions:			
Voluntary	59	81	140
Medical Certificate, Non-Judicial	0	2	2
Medical Certificate, Emergency	335	358	693
Judicial	10	10	20
Court Order	28	1	29
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	432	452	884

WILLIAM S. HALL PSYCHIATRIC INSTITUTE
GENERAL STATISTICS
FY 1976 - 1977

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	35	49	84
On leave without permission	2	2	4
Total	37	51	88
Admissions during twelve months:			
First admissions	146	220	366
Re-admissions	111	146	257
Transferred in	30	43	73
Total received	287	409	696
Total on books during twelve months	324	460	784
Discharged from books during twelve months	254	387	641
Died during twelve months	1	0	1
Transferred out	22	11	33
Total separated	277	398	675
Patients remaining on books at end of hospital year:			
In hospital(s)	47	61	108
On leave without permission	0	1	1
Total	47	62	109
Daily average in hospital(s)	38	58	96
Regular discharges from LWP	2	12	14
Left without permission	9	25	34
Returns from LWP	7	13	20
Regular discharges	250	374	624
Statistical discharges	2	1	3
Types of admissions:			
Voluntary	118	131	249
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	44	41	85
Judicial	5	1	6
Court Order	0	1	1
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	90	192	282
Total	257	366	623

C. M. TUCKER, JR. HUMAN RESOURCES CENTER
GENERAL STATISTICS
FY 1976 - 1977

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	144	116	260
On leave without permission	5	0	5
Total	149	116	265
Admissions during twelve months:			
First admissions	36	4	40
Re-admissions	3	0	3
Transferred in	29	27	56
Total received	68	31	99
Total on books during twelve months	217	147	364
Discharged from books during twelve months	22	3	25
Died during twelve months	26	22	48
Transferred out	12	6	18
Total separated	60	31	91
Patients remaining on books at end of hospital year:			
In hospital(s)	153	116	269
On leave without permission	4	0	4
Total	157	116	273
Daily average in hospital(s)	153	114	267
Regular discharges from LWP	0	0	0
Left without permission	4	0	4
Returns from LWP	4	0	4
Regular discharges	21	3	24
Statistical discharges	1	0	1
Types of admissions:			
Voluntary	39	4	43
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	0	0	0
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	39	4	43

MORRIS VILLAGE ADDICTION CENTER
GENERAL STATISTICS
FY 1976 - 1977

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	119	38	157
On leave without permission	39	16	55
Total	158	54	212
Admissions during twelve months:			
First admissions	643	178	821
Re-admissions	452	111	563
Transferred in	0	0	0
Total received	1095	289	1384
Total on books during twelve months	1253	343	1596
Discharged from books during twelve months	1127	297	1424
Died during twelve months	0	0	0
Transferred out	0	0	0
Total separated	1127	297	1424
Patients remaining on books at end of hospital year:			
In hospital(s)	99	37	136
On leave without permission	27	9	36
Total	126	46	172
Daily average in hospital(s)	103	37	140
Regular discharges from LWP	333	101	434
Left without permission	338	105	443
Returns from LWP	16	11	27
Regular discharges	794	196	990
Statistical discharges	0	0	0
Types of admissions:			
Voluntary	1089	284	1373
Medical Certificate, Non-Judicial	6	5	11
Medical Certificate, Emergency	0	0	0
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	1095	289	1384

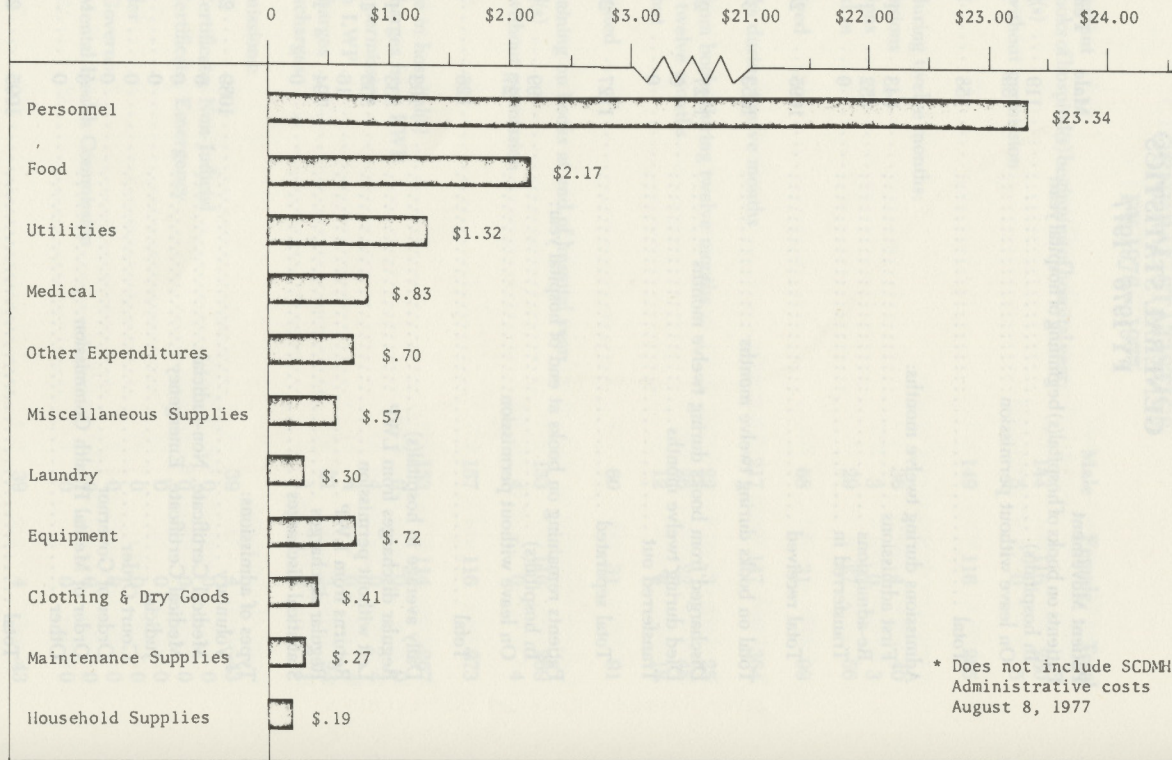
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

MAINTENANCE EXPENDITURE PER PATIENT PER DAY*

1976 - 1977

Total Expenditure -- \$30.82

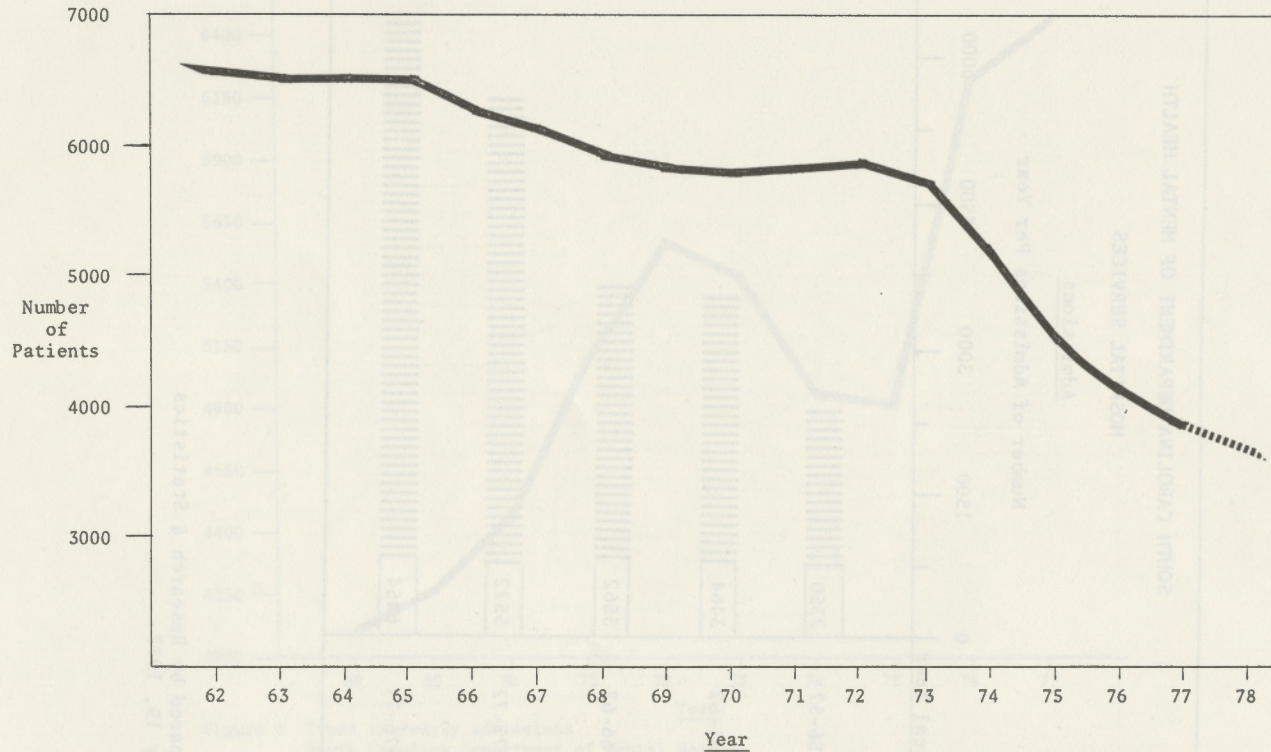


* Does not include SCDMH
Administrative costs
August 8, 1977

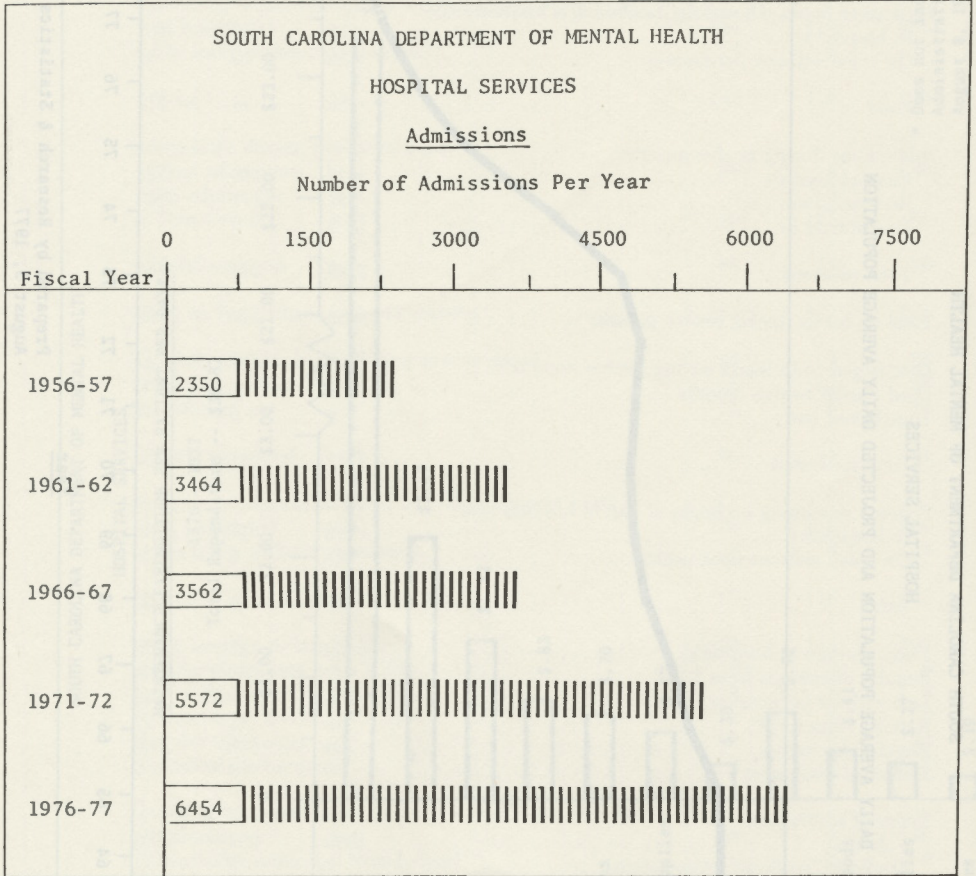
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION



Prepared by Research & Statistics
August 3, 1977



Prepared by Research & Statistics
July 19, 1977

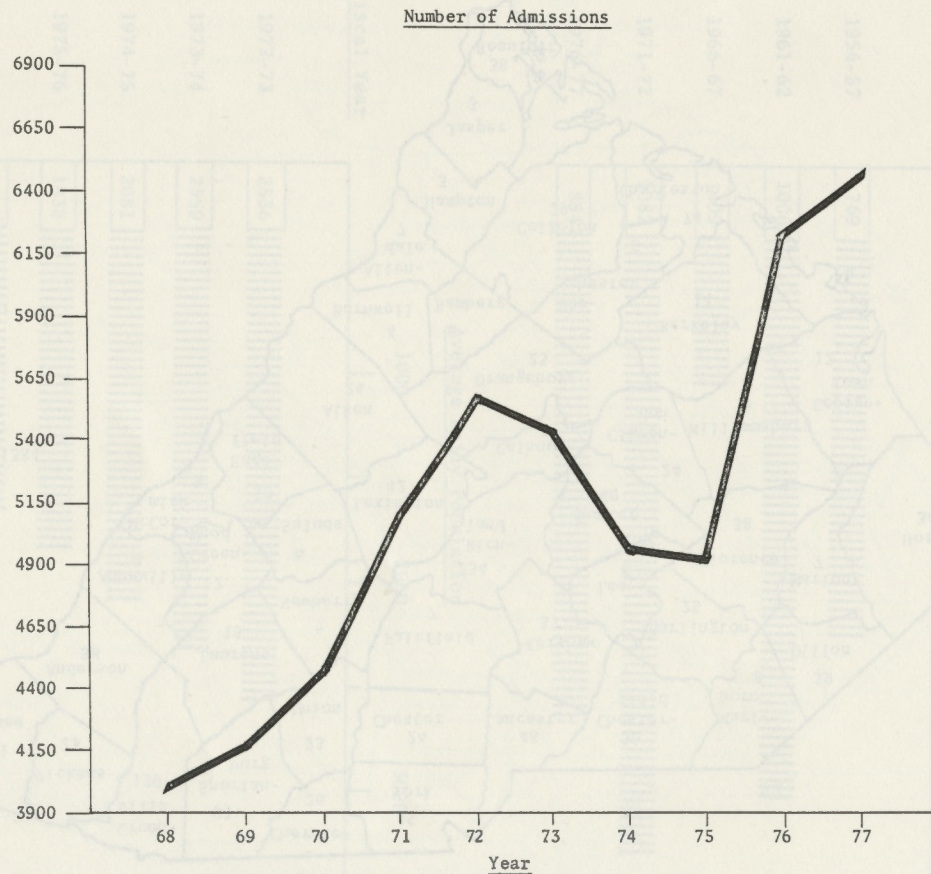
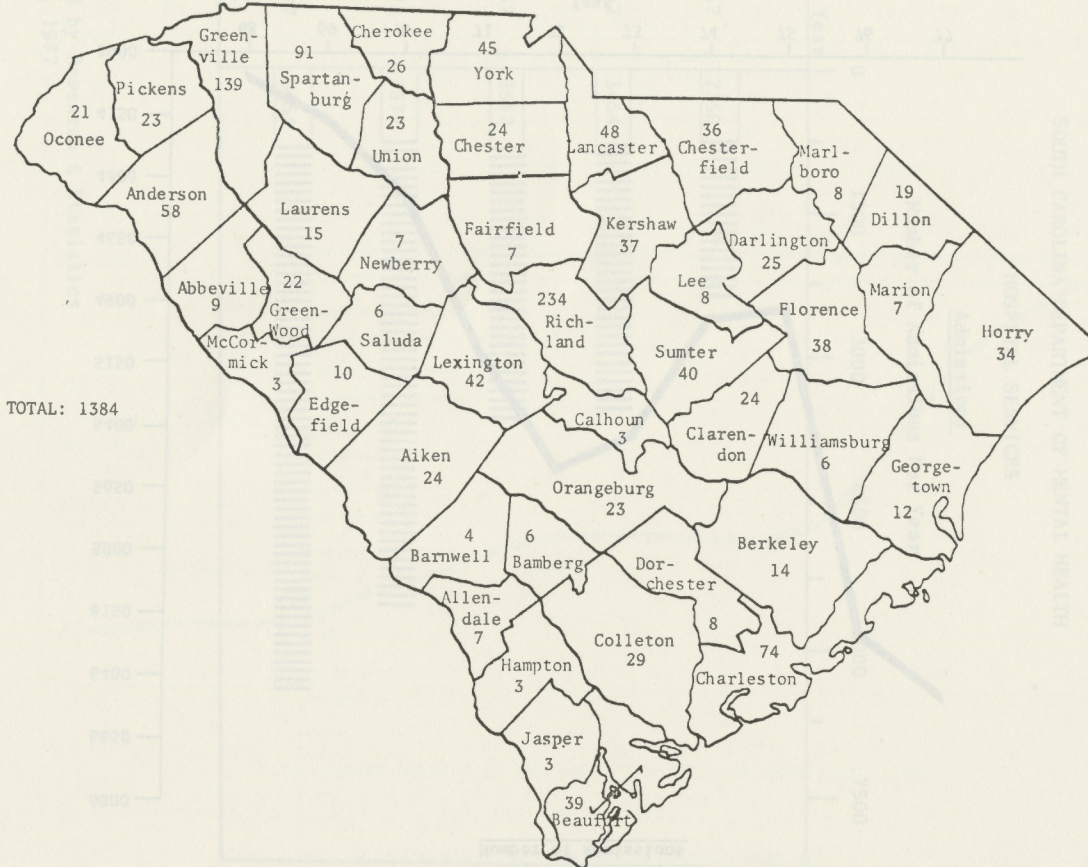


Figure 1 Trend in yearly admissions
South Carolina Department of Mental Health
Hospital Services, 1968 - 1977

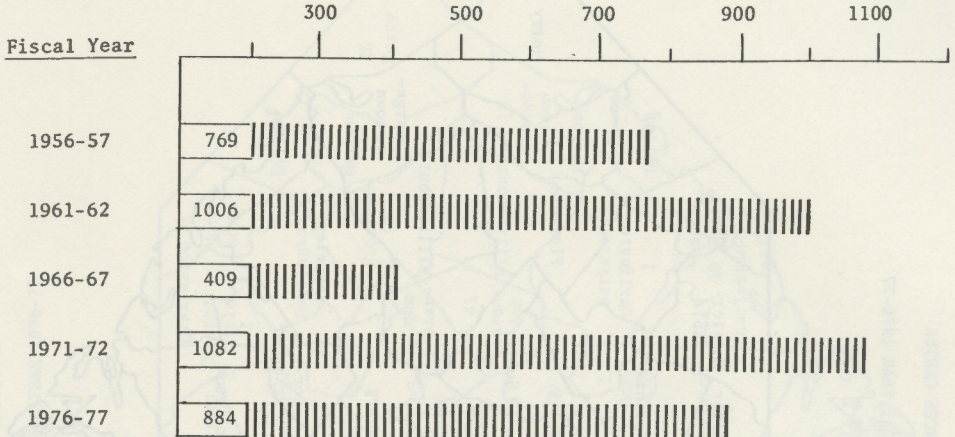
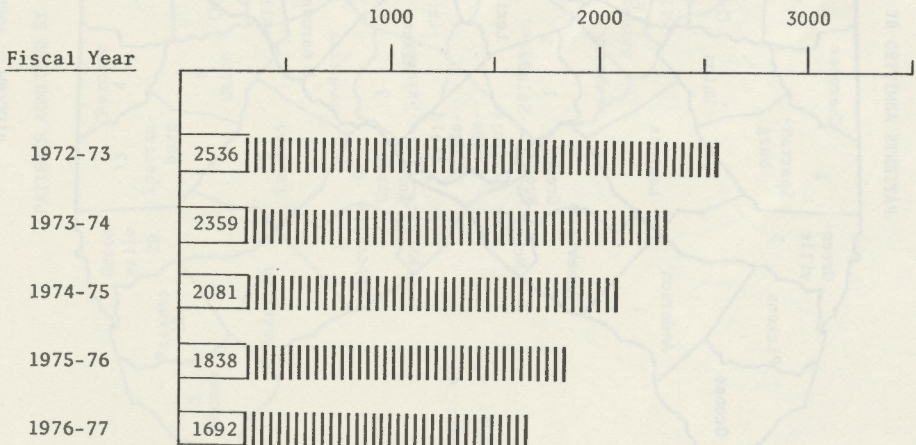
Prepared by Research & Statistics
July 22, 1977

MORRIS VILLAGE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1976-77



CRAFTS-FARROW STATE HOSPITAL

AdmissionsAverage Daily Population

Prepared by Research & Statistics
July 27, 1977

C. M. TUCKER, JR. HUMAN RESOURCES CENTER

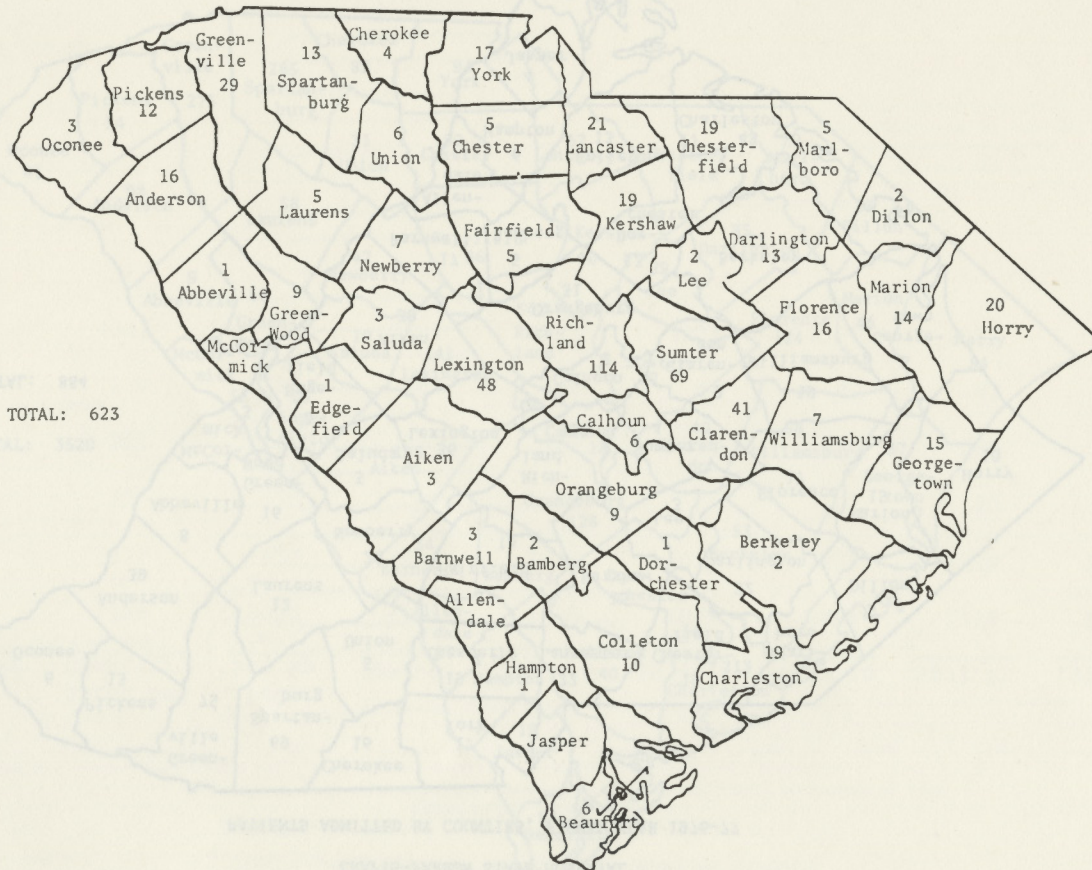
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1976-77



TOTAL: 43

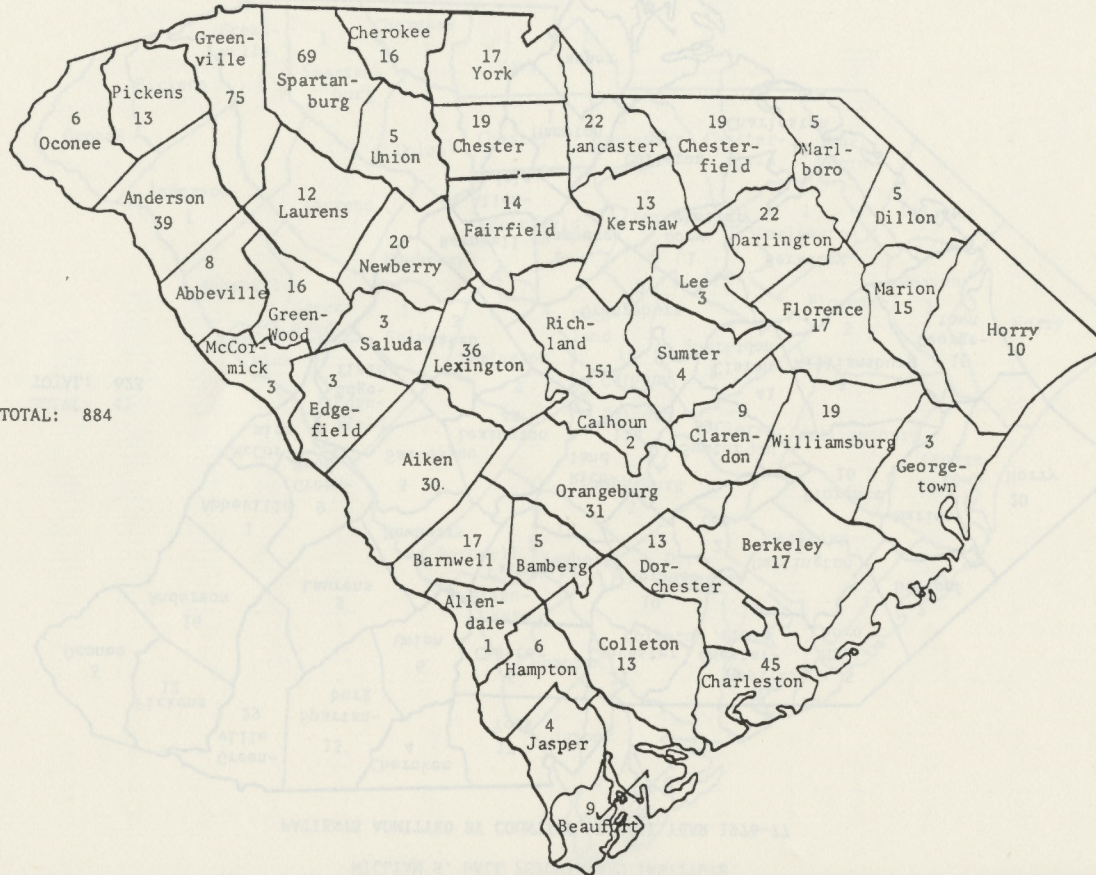
WILLIAM S. HALL PSYCHIATRIC INSTITUTE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1976-77



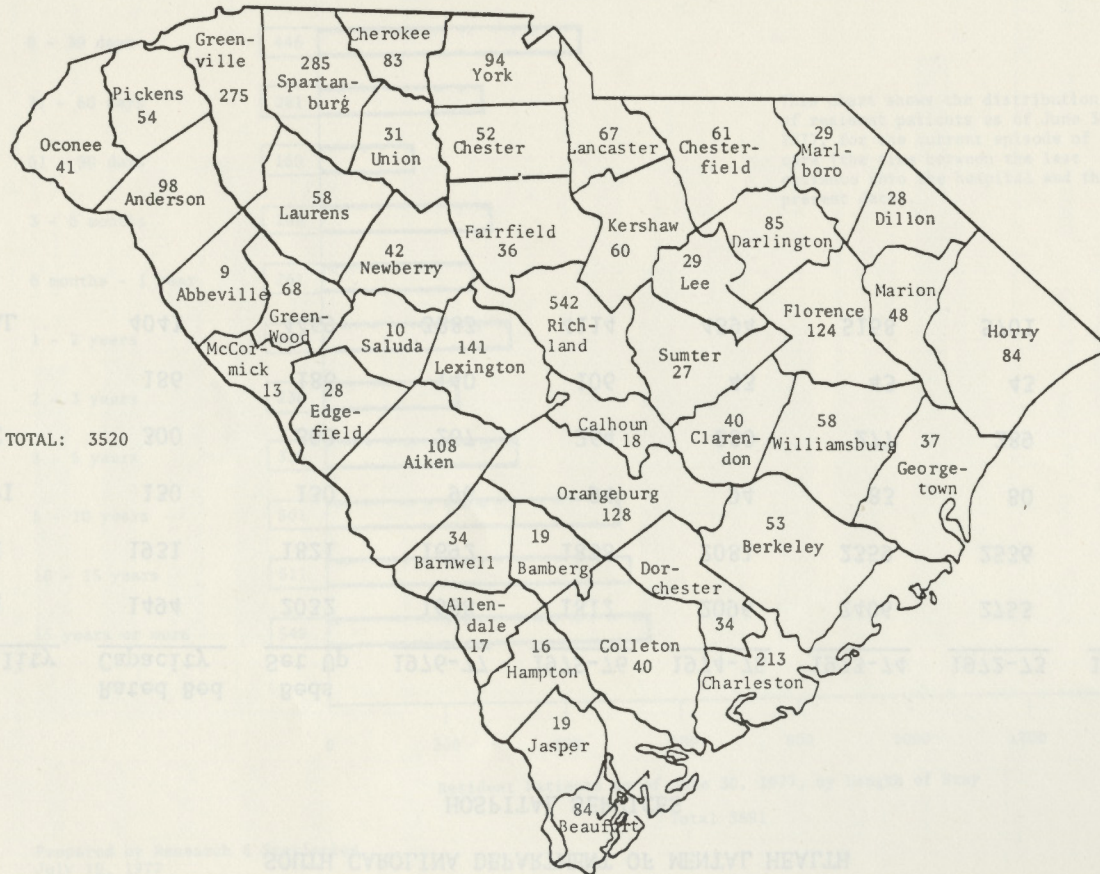
CRAFTS-FARROW STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1976-77



SOUTH CAROLINA STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1976-77



TOTAL: 3520

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

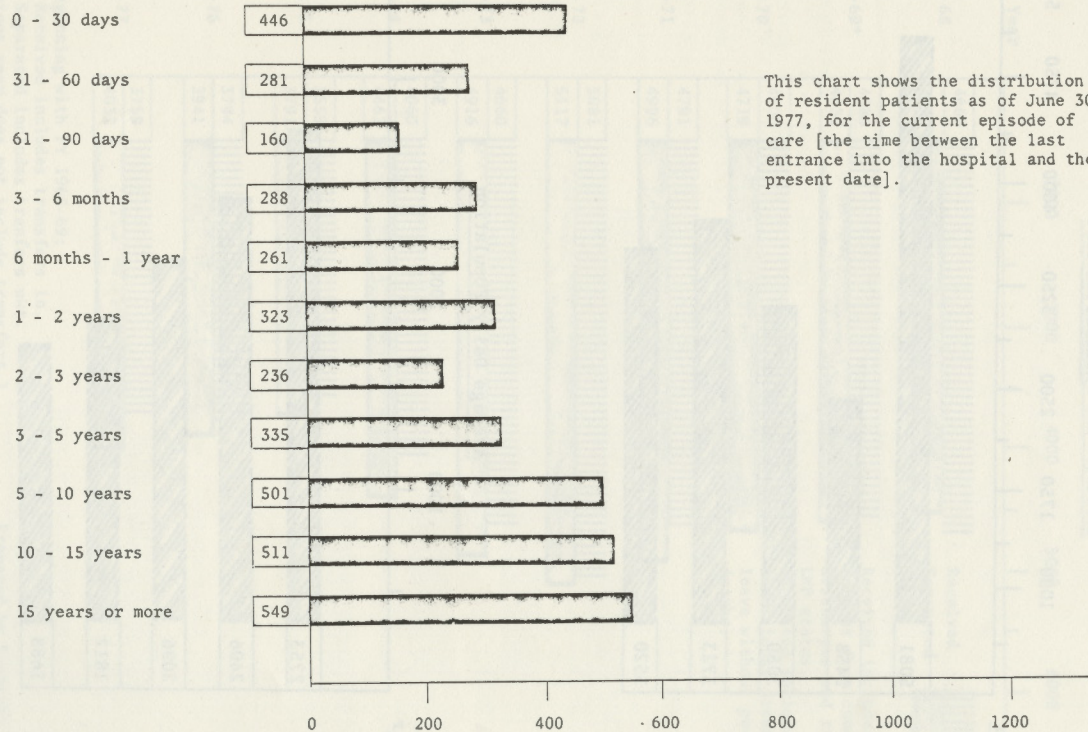
HOSPITAL SERVICES

<u>Facility</u>	<u>Rated Bed Capacity</u>	<u>Beds Set Up</u>	<u>1976-77</u>	<u>1975-76</u>	<u>1974-75</u>	<u>1973-74</u>	<u>1972-73</u>	<u>1971-72</u>
SCSH	1494	2032	1688	1812	2096	2406	2753	2902
CFSH	1931	1821	1692	1838	2081	2359	2536	2599
WSHPI	130	130	96	94	94	83	80	77
THRC	300	300	267	264	280	277	289	280
MV	186	186	140	106	43	43	43	39
TOTAL	4041	4469	3883	4114	4594	5168	5701	5897

Prepared by Research & Statistics
August 18, 1977

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES



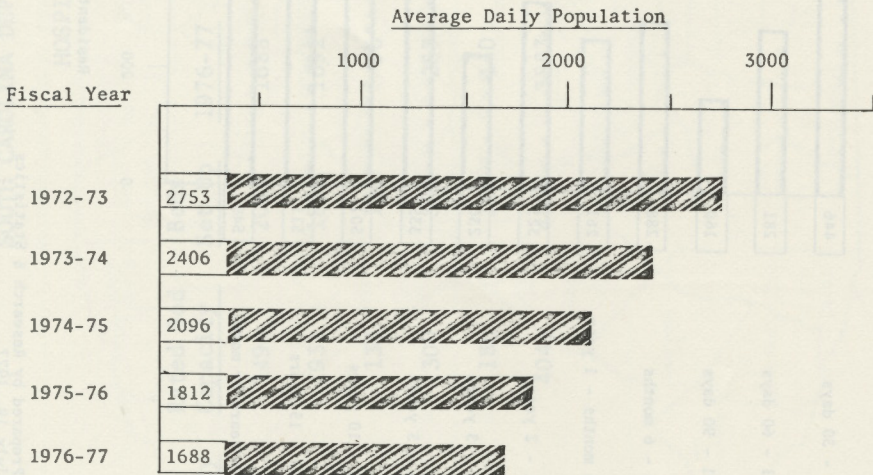
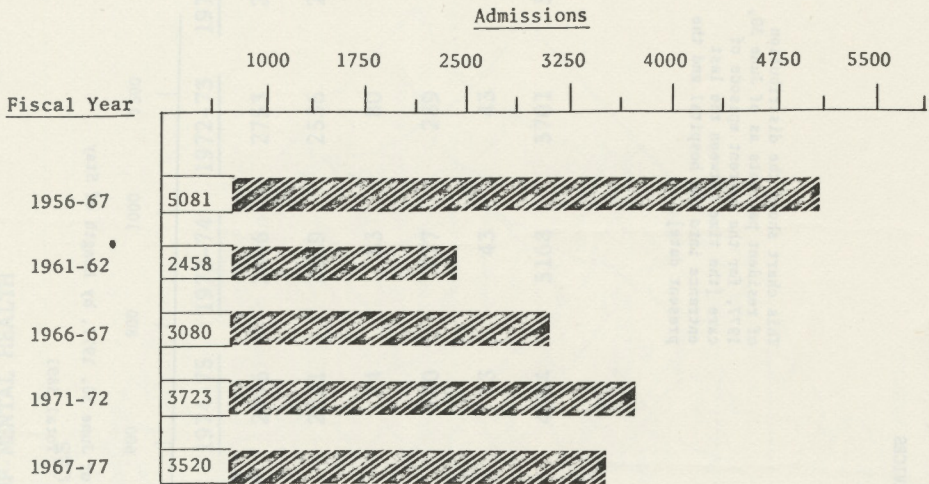
This chart shows the distribution of resident patients as of June 30, 1977, for the current episode of care [the time between the last entrance into the hospital and the present date].

Resident Patients as of June 30, 1977, by Length of Stay

Total 3891

Prepared by Research & Statistics
July 19, 1977

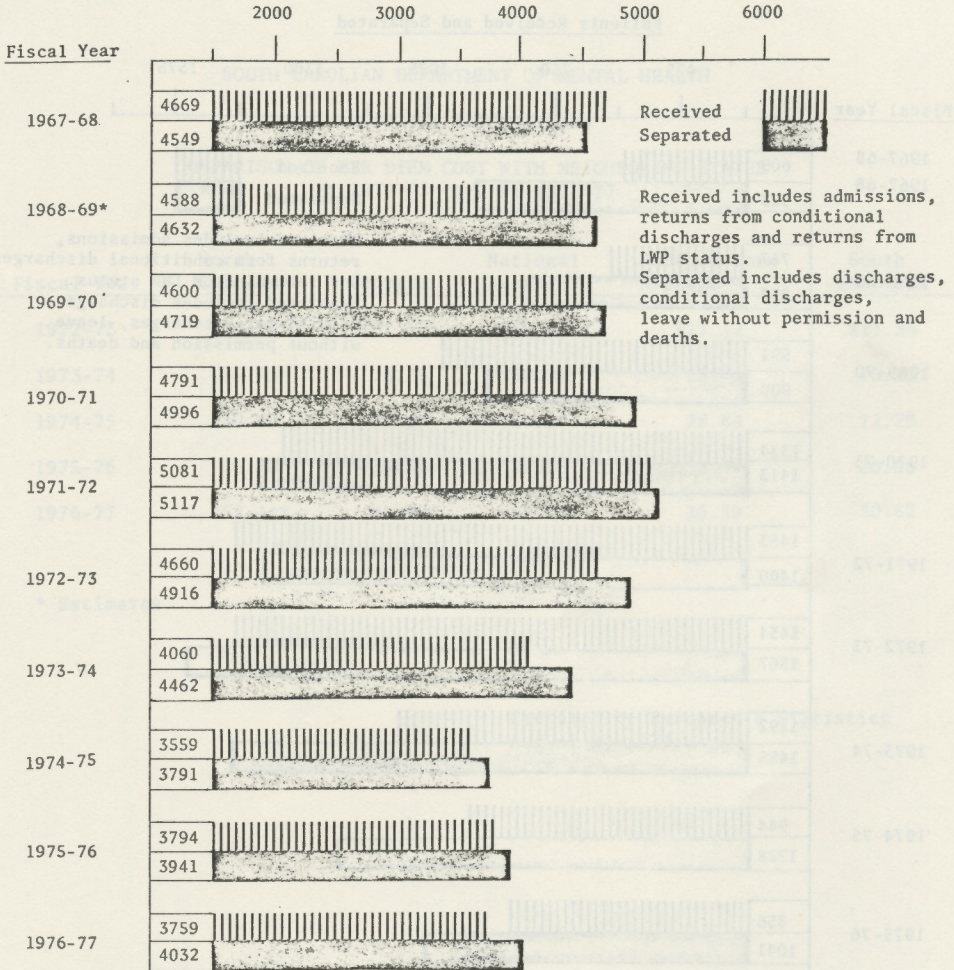
SOUTH CAROLINA STATE HOSPITAL



Prepared by Research & Statistics
July 26, 1977

SOUTH CAROLINA STATE HOSPITAL

Patients Received and Separated

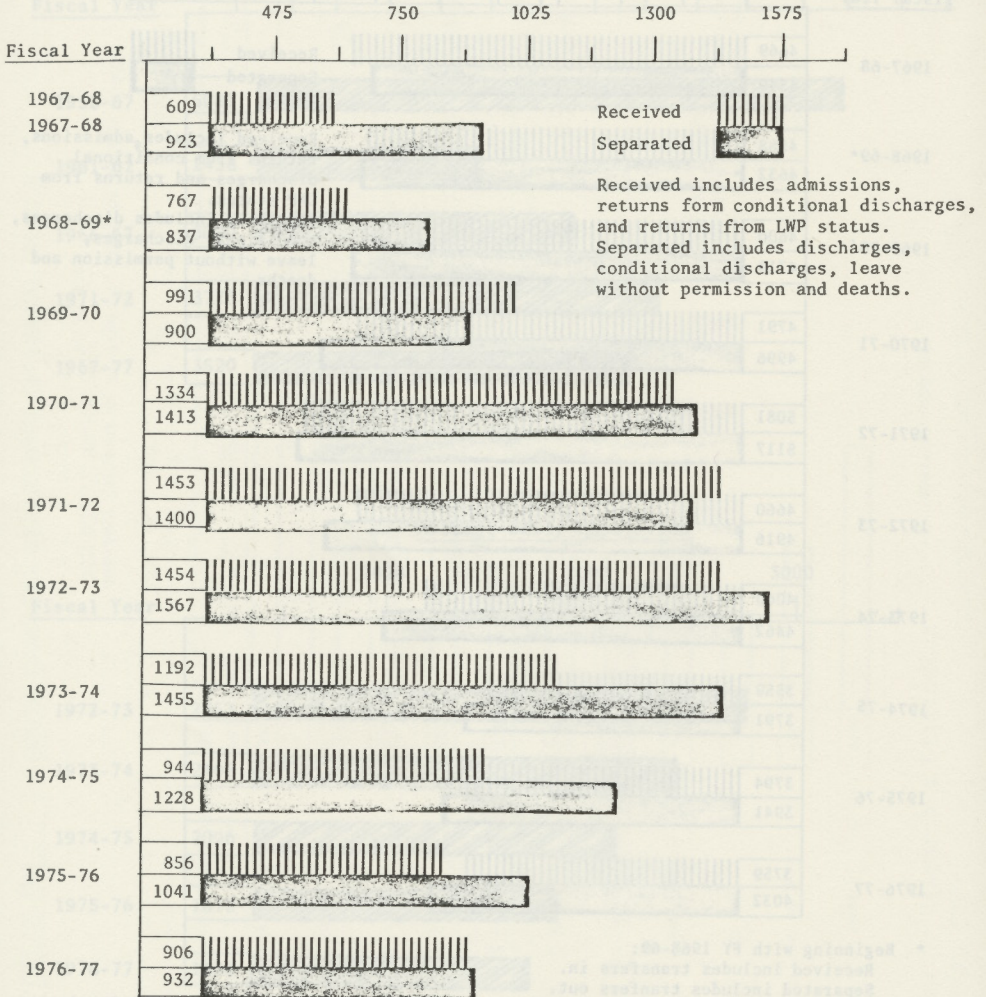


* Beginning with FY 1968-69:
Received includes transfers in.
Separated includes transfers out.
(Previous year does not include transfers.)

Prepared by Research & Statistics
July 25, 1977

CRAFTS-FARROW STATE HOSPITAL

Patients Received and Separated



* Beginning with FY 1968-69:
 Received includes transfers in.
 Separated includes transfers out.
 (Previous year does not include transfers.)

Prepared by Research & Statistics
 July 27, 1977

SOUTH CAROLIAN DEPARTMENT OF MENTAL HEALTH

HOSPITAL EXPENDITURES

COMPARISON OF PER DIEM COST WITH NEIGHBORING STATES
FY 1972-73 thru FY 1976-77

Fiscal Year	North Carolina	Georgia	National Average*	Southeastern Average*	South Carolina
1972-73	\$24.09	\$21.53	\$25.20	\$17.12	\$11.33
1973-74	32.95	28.36	30.86	23.06	15.23
1974-75	40.97	33.39	37.54	28.64	22.29
1975-76	46.66*	37.54*	41.56	32.39	26.86
1976-77	52.44*	41.83*	45.93	36.59	30.82

* Estimates

Prepared by Research & Statistics
August 4, 1977

WILLIAM S. HALL PSYCHIATRIC INSTITUTE
OUTPATIENT SERVICES
FY 1976 - 1977

Person-Interviews With or About Patient	7391
Person-Interviews in Group Psychotherapy	964
Group Psychotherapy Sessions	260

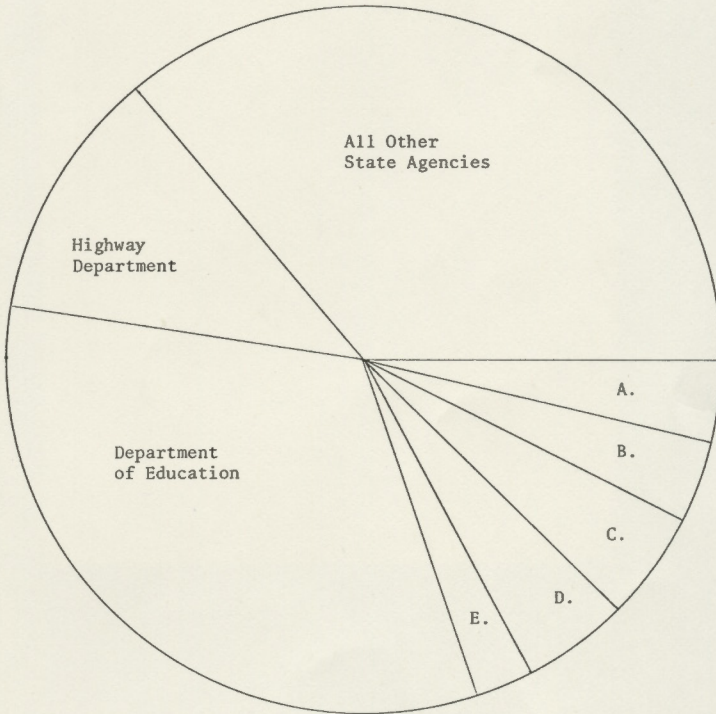
	<u>General Psychiatry</u>		<u>Neurology</u>		<u>Child Psychiatry</u>	
	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>
Census July 1, 1976	5	205	291	181	130	0
New Admissions	4	199	82	93	88	
Readmissions		15	6	3	17	
Terminations	8	234	150	100	153	
Census June 30, 1977	1	185	229	177	82	0

TYPE OF SERVICE
RENDERED TO TERMINATED PATIENTS
FY 1976 - 1977

	<u>General Psychiatry</u>	<u>Neurology</u>	<u>Child Psychiatry</u>
Intake Application Only	74	6	47
Evaluation for Other Agencies	3	67	
All Others Including Incomplete Diagnoses	13	6	1
Treatment Services	152	171	105
TOTAL	242	250	153

STATE OF SOUTH CAROLINA
APPROPRIATIONS FOR FY 1976 - 1977

A PIE CHART



- A. Department of Mental Health
- B. Medical University of South Carolina
- C. Other Health Agencies
- D. Department of Social Services
- E. Budget and Control Board

Prepared by Research & Statistics
August 3, 1977

